

Case Number:	CM15-0208367		
Date Assigned:	10/27/2015	Date of Injury:	01/13/2007
Decision Date:	12/14/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	10/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 31 year old male, who sustained an industrial injury on January 13, 2007, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease, lumbar stenosis, and disc herniation. Treatment included antidepressants, pain medications, epidural steroid injection, muscle relaxants (start date August 14, 2014) and antianxiety medications, physical therapy and home exercise program, urine drug screens, and activity modifications. Currently, the injured worker complained of persistent chronic bilateral low back pain radiating into his bilateral buttocks and lower extremities. He noted frequent muscle spasms and restricted range of motion of the lower back. He was diagnosed with bilateral sacroiliitis, right lumbar radiculopathy. The chronic pain interfered with the injured worker's activities of daily living and sleeping habits. The treatment plan that was requested for authorization included a prescription for Soma 350 mg #90. On October 17, 2015, a request for a prescription for Soma was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. Documentation does not provide any rational justification for continuing this medically inappropriate medication. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.