

Case Number:	CM15-0209804		
Date Assigned:	10/28/2015	Date of Injury:	05/05/2009
Decision Date:	12/10/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/26/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 37 year old female with a date of injury on 5-5-09. A review of the medical records indicates that the injured worker is undergoing treatment for back pain. Progress report dated 10-1-15 reports continued complaints of mild to moderate lower back pain with radiation of pain to both legs. She states the lower back pain caused her to fall hurting her right knee. MRI of right knee showed hematoma in tendon. Medications, therapy and epidural injections were recommended. Physical exam: lumbar spine with muscle spasm bilateral, bilateral moderate trigger points, range of motion is decreased by 25 percent, sensory exam normal and deep tendon reflexes normal. Treatments include: medication, hot and cold packs, exercise and physical therapy. According to the medical records she has been taking Soma at least since 4-7-15. Request for authorization dated 10-6-15 was made for Soma 350 mg, quantity 90. Utilization review dated 10-9-15 non-certified the request.

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: The lumbar exam did show muscle spasm. The concern is with the medicine itself. The MTUS notes regarding Soma, also known as Carisoprodol: "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use." There was a 300% increase in numbers of emergency room episodes related to Carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both Carisoprodol and Meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004). Soma is not supported by evidence-based guides. Long term use of Carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request was appropriately not medically necessary.