

Case Number:	CM15-0024594		
Date Assigned:	02/17/2015	Date of Injury:	05/09/1995
Decision Date:	03/30/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39 year old female, who sustained an industrial injury on 05/09/1995. She has reported low back pain. The diagnoses have included lumbar sprain and strain; and discogenic low back pain. Treatment to date has included medications and physical therapy. Medications have included Motrin, Ultram, and Soma. Currently, the injured worker complains of back pain that radiates down the right or left leg to the ankle and occasionally to the foot; the back pain is described as achy and the leg pain is dull and achy; and pain is rated at 6-7/10 on the visual analog scale with the medications. A progress report from the treating physician, dated 01/16/2015, included objective findings consisting of transferring and ambulating with guarding; good lower extremity range of motion and strength; left medial calf revealed allodynia on sensation testing; and tenderness to palpation across the lumbar spine and in the left more than right gluteal region. The treatment plan included requests for prescriptions for Motrin, Baclofen, Soma, and Ultram. On 01/27/2015 Utilization Review modified a prescription for Soma 350 mg #90, to Soma 350 mg #30 to continue weaning. The CA MTUS Guidelines were cited. On 02/04/2015, the injured worker submitted an application for IMR for review of Soma 350 mg #90.

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 Treatment Guidelines
Page(s): 22, 29, 78, 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol (Soma), p29 Page(s): 29.

Decision rationale: The claimant has a remote history of a work-related injury occurring nearly 20 years ago and continues to be treated for chronic low back pain. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.