

Case Number:	CM15-0025199		
Date Assigned:	02/17/2015	Date of Injury:	03/18/2000
Decision Date:	03/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/10/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 3/8/2000. The details of the initial injury were not included for this review. The diagnoses have included lumbago, chronic pain, and cervicgia. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, muscle relaxer, physical therapy and acupuncture. Currently, the IW complains of neck and back pain with radiation to right leg associated with incontinence and heavy sensation to right side rated 7/10 for the neck and 9/10 VAS for the back. Physical examination from 12/11/14 did not include objective findings. The plan of care included referral to neurology and continued medication therapy as previously prescribed. On 1/16/2015 Utilization Review modified certification for Soma 350mg #20 for the purpose of completing a taper, noting the treatment guidelines do not support chronic use. The MTUS Guidelines were cited. On 2/10/2015, the injured worker submitted an application for IMR for review of Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants: Carisprodol (Soma, Vanadom) Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carsiprodolol Page(s): 29.

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone (Norco) which increases side effect risks and abuse potential. In addition, the claimant had 7-9/10 pain while on Norco, Cymbalta and Soma. The continued use of SOMA is not medically necessary.