

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0218371 | | |
| Date Assigned: | 11/10/2015 | Date of Injury: | 01/12/2012 |
| Decision Date: | 12/28/2015 | UR Denial Date: | 10/05/2015 |
| Priority: | Standard | Application Received: | 11/05/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 66 year old male who sustained an industrial injury on January 12, 2012. The worker is being treated for: chronic neck pain, pain disorder, and insomnia. Subjective: September 08, 2015 he reported complaint of chronic neck pain, visual loss, hearing loss, and dizziness, all worsening. He reports the current medication regimen offers partial relief of pain that allows him to maximize his level of physical function and improve his quality of life. Diagnostic: September 2015 UDS. Medication: May 2015: Norco, Colace, Flector patches, June 24, 2015: Norco, Colace, Robaxin, Lidoderm, Lidocaine, and Lunesta. July 2015 noted Opiate agreement signed. September 2015: Ibuprofen, Morphine, and Amitriptyline and note of "only side effect for Tramadol is mild sedation." Treatment: September 2015 POC noted requesting behavioral medicine consultation. On September 28, 2015 a request was made for Soma 350mg #30 that was noncertified by Utilization Review on October 05, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs."The records were evaluated as to the history of medication use, this appears to be the first time this was the medication was prescribed. However, as this medication is not recommended by MTUS, it is not medically necessary.