

Case Number:	CM15-0041893		
Date Assigned:	03/11/2015	Date of Injury:	07/16/1996
Decision Date:	04/15/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/04/2015

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 73 year old female, who sustained an industrial injury on 7/16/96. She reported back injury. The injured worker was diagnosed as having low back pain and lumbosacral radiculopathy. Treatment to date has included laminectomy, oral narcotics, muscle relaxants and activity restrictions. Currently, the injured worker complains of constant low back and buttock pain with intermittent flare ups. On physical exam, tenderness is noted on the right and left lumbar paravertebral regions; she states she had aggravation of pain and reduction of activity level following reduction of OxyContin and she is unable to tolerate adjuvant medications. The treatment plan is to continue oral medications currently prescribed including Soma and OxyContin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, per 02/06/15 order, QTY: 112.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64, 65.

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

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. Medications include opioids with increased pain after a decrease in dose. 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.