

Case Number:	CM15-0047517		
Date Assigned:	03/19/2015	Date of Injury:	07/17/2005
Decision Date:	04/24/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/12/2015

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 56 year old male, who sustained an industrial injury on 7/17/2005. The current diagnoses are post-laminectomy syndrome of the lumbar spine, lumbar radiculopathy, and chronic pain syndrome. According to the progress report dated 1/12/2015, the injured worker complains of lower back pain that radiates down his right leg to the level of his foot. He reports numbness and tingling in his right leg from his knee down. The pain is described as constant, sharp, and throbbing. The pain is rated 3/10 with medication and 10/10 without. The current medications are Soma and Endocet with 70% pain relief. Treatment to date has included medication management, physical therapy, spinal cord stimulator, and surgical intervention. Per notes, he continues to decline acupuncture. The plan of care includes continuing Soma and Endocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma tablets 350 mg, Qty 120, take by mouth 4 times a day as needed for spasms with zero refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA
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, Soma was combined with Endocet for several months, which increase side effect risks and abuse potential. The use of SOMA is not medically necessary.