

Case Number:	CM15-0049192		
Date Assigned:	03/23/2015	Date of Injury:	02/10/2012
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/16/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55-year-old male who sustained an industrial injury on 02/10/2012. Current diagnoses include lumbago, low back pain, radiculitis-lumbar and thoracic, and disc degeneration lumbar/sacral. Previous treatments included medication management, chiropractic treatments. Diagnostic studies included urine drug testings. Report dated 02/25/2015 noted that the injured worker presented with complaints that included low back pain. The injured worker stated that the Soma works well to relieve spasms. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included decrease Soma and add Zanaflex, continue Norco, urine drug screen today, refill medications, and return for follow-up in 4 weeks. The physician noted that eventually will be switching over to Zanaflex completely or another one when this does not work anymore. Disputed treatment includes Soma tablet 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma tablet 350mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 29.

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Soma tablet 350mg #90 is not medically necessary.