MAXIMUS Federal Services

Case Number:	CM15-0073594		
Date Assigned:	04/23/2015	Date of Injury:	11/01/1998
Decision Date:	10/13/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/17/2015

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: 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 63 year old female who sustained an industrial injury on 11-1-98. Diagnoses included discogenic neck pain; myofascial neck pain. Per the 4-1-15 note the injured worker is frustrated that her medications are being weaned. When she originally seen (date not specified) her medications were Soma 350mg #120 per month, Xanax 0.5mg #240 per month, Provigil 200mg #90 per month, Tylenol #3 240 per month and Ambien 10mg #90 per month. As of 4-1-15 she has been weaned to Soma 350mg #30 per month, Xanax 0.5mg #120 per month, Provigil 200mg #30 per month, Tylenol #3 #120 per month, Zanaflex 2mg #90 per month, Prevacid 30mg #60 per month and Ambien 10mg #30 per month. On physical exam she was able to transfer from a sitting to standing position without stiffness or guarding; she ambulates with an antalgic gait due to right sided stiffness; functional range of motion was present; tenderness to palpation in cervical spinous processes and myofascial tissues of cervical area. Treatments include medications as noted above. On 4-9-15 utilization review evaluated and non-certified the request for Soma 350mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Carisoprodol (Soma) is not recommended. The MTUS guidelines state that this medication is not indicated for long-term use and 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. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). The MTUS guidelines also note that there was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. The request for Soma 350mg #30 is not medically necessary or appropriate.