

Case Number:	CM14-0119635		
Date Assigned:	09/16/2014	Date of Injury:	07/13/2001
Decision Date:	10/22/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old who reported an injury of unknown mechanism on July 31, 2001. On March 24, 2014, his diagnoses included lumbar postlaminectomy syndrome, status post L5-S1 fusion, L5 nerve root impingement, right sacroiliac joint pain, bilateral lumbar facet joint pain at L4-5 and L5-S1, hypertrophy at bilateral L4-5 and L5-S1 facet joints, lumbar facet joint arthropathy, lumbar stenosis and lumbar sprain/strain. His complaints included bilateral mid and low back pain radiating into the bilateral anterolateral thighs. He reported his pain at 5/10. His medications included fentanyl patch 50 mcg, Soma 350 mg, Percocet 10/325 mg, gabapentin 600 mg, Ambien CR 12.5 mg, and Prozac, venlafaxine, aspirin, Lisinopril/hydrochlorothiazide and bisacodyl at unknown dosages. The requested Soma was being prescribed for spasms. A request for authorization dated March 31, 2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 78.

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

Decision rationale: Soma is not recommended by the Chronic Pain Medical Treatment Guidelines. This medication is not indicated for long term use. 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. The main concern is the accumulation of meprobamate. Soma has also been noted to augment or alter the effects of other drugs. The use of this medication is not supported by the guidelines. Additionally, there was no frequency of administration included with the request. Therefore, this request for Soma 350 mg, sixty count, is not medically necessary or appropriate.