

Case Number:	CM14-0123853		
Date Assigned:	08/08/2014	Date of Injury:	11/08/2012
Decision Date:	10/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/05/2014

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 Occupational Medicine 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:

This patient is a 26 year old male employee with date of injury of 11/8/2012. A review of the medical records indicates that the patient is undergoing treatment for lumbar intervertebral disc herniation, spondylolisthesis, gastroesophageal reflux, and chronic pain. Subjective complaints include back pain rating 8/10 (10/17/2013) radiating to bilateral leg and thigh; 7/10 on 6/25/2014. On 7/1/2014, patient reported some relieve from using Vicodin. Objective findings include positive stoop test, paraspinal tenderness from mid-thoracic spine downward, negative toe/heel walk, positive bilateral sciatic nerve stress test. Urinalysis performed on 5/16/2014 tested negative for Soma. Treatment has included oral medications and pain injection (unspecified). Physical therapy (2/18/2014) was unsuccessful. Medications have included ibuprofen, Vicodin, Gabapentin and Janumet (dosages not found in the medical files). Additional medications include Naproxen, Omeprazole, Soma, and Tramadol (refilled on 1/7/2014). The utilization review dated 7/25/2014 non-certified the request for Soma due to excessive use according to MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-70, 78-79, 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol)

Decision rationale: MTUS states "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. 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." ODG States that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." The patient has been on the medication since October 2013 with a refill in January 2014, which is far in excess of MTUS and ODG recommendations. Medical records do not indicate an extenuating circumstance that necessitates the use of Soma in excess of guidelines. As such, the request for Soma 350mg, #60 with 2 refills is not medically necessary.