

Case Number:	CM14-0150680		
Date Assigned:	09/19/2014	Date of Injury:	12/12/2002
Decision Date:	10/17/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 59-year-old male with a 12/12/02 date of injury. The patient injured his neck and low back in an altercation while working as a correctional officer. According to a progress report dated 9/23/14, the patient complained of worsening moderate-severe lower back and neck pain that radiated to the right arm. Symptoms were aggravated by activities of daily living and relieved by lying down and pain medications. Objective findings: restricted cervical spine range of motion, patient holds right arm in protected position due to shoulder and cervical radicular pain. Diagnostic impression: cervical HNP, spondylolisthesis, sciatica, chronic pain due to trauma, cervical degenerative disc disease, low back pain, muscle spasm, spinal stenosis in cervical region, cervical radiculopathy, myalgia and myositis, failed back surgery syndrome. Treatment to date: medication management, activity modification, surgery. A UR decision dated 9/8/14 modified the request for Soma from 30 tablets to 15 tablets for tapering and discontinuation. No exceptional factors are noted in the documentation submitted to consider this request as an outlier to the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodol 350, Vanadom, generic available) Page.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29; 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol)

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. It is noted that the patient is also taking Suboxone and Xanax. Guidelines do not support the concurrent use of Soma, opioid medications, and benzodiazepines due to the risk of adverse effects, such as sedation. In addition, there is no documentation that Soma has been prescribed for an acute exacerbation of the patient's pain. Therefore, the request for Soma 350mg quantity: 30 was not medically necessary.