

Case Number:	CM14-0160675		
Date Assigned:	10/06/2014	Date of Injury:	06/15/2005
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/30/2014

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 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:

There were 33 pages provided for this review. There was a September 5 request for Soma 350 mg 2 to 3 times a day number 250, 90 day supply. This was non certified. Per the records provided, the claimant is a 49-year-old female who had an industrial injury on June 15, 2005. The claimant was lifting a box and sustained an injury to her coccyx and back. There is accepted claim for the lower back and a partially denied claim for the psychological weight gain and sleep problems. Diagnoses included lumbar disc degeneration, chronic pain, overweight, comorbid depression, insomnia, headaches, gastroesophageal reflux and comorbid constipation. Treatment has included injections, medicines and therapy. The medicines are Wellbutrin, soma, omeprazole, Lyrica, nabumetone, Fioricet and nortriptyline. The patient has been prescribed soma for several years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg take 2-3/day #250/90 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Carisoprodol (soma).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Soma/Carisoprodol

Decision rationale: The MTUS provided insufficient information. The ODG note in the Pain section: "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. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004). Long term use of any muscle relaxant is not supported by evidence based guides, as they are only known to be effective short term. Soma in particular is not supported by evidence-based guides. Long term use of carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request was appropriately non-certified.