

Case Number:	CM14-0168143		
Date Assigned:	10/15/2014	Date of Injury:	08/05/1991
Decision Date:	11/18/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/13/2014

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 Montana. 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 was a law enforcement officer with a date of injury of 8/5/91. His mechanism of injury is not indicated in the medical records. His current diagnoses include cervical and lumbar segmental dysfunction, lumbar degenerative arthritis, early degenerative joint disease of the left hip, bilateral lateral epicondylitis and bilateral shoulder impingement with before acromioclavicular joint arthropathy. Medication use has included Norco 10/325 daily, Soma 350 mg daily and omeprazole 20 mg daily. Utilization review on 6/12/14 did approve all 3 medications. The utilization review on 9/29/14 continued to have approve Norco and omeprazole but approved Soma only for weaning purposes to allow discontinuation.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 and 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Soma

Decision rationale: The MTUS notes that Soma (carisoprodol) is not recommended for longer than a 2 to 3 week period. It is metabolized to Meprobamate, which requires classification as a schedule IV drug in some states. Withdrawal symptoms may occur with sudden discontinuation. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. The ODG guidelines state 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. 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). As of January 2012, carisoprodol is scheduled by the DEA as a Schedule IV medication. 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. In this case, the medical records document use of Soma since at least June 2014, well beyond the 2 to 3 week recommendation. The utilization review decision on 9/29/14 approved use of Soma only for weaning and discontinuation. The request for Soma 350mg #30 is not consistent with the MTUS and ODG guidelines and is not medically necessary.