

Case Number:	CM14-0082425		
Date Assigned:	07/21/2014	Date of Injury:	01/04/2007
Decision Date:	12/22/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/04/2014

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 Family 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:

The injured worker is a 58 years old male who sustained an industrial injury on 01/04/07. The injury occurred when he was backing up on a forklift when it skidded due to wet conditions, causing it to fall off the loading dock. He sustained fractures to the left hip, lower extremities, and lower back. He was reevaluated 01/02/14 and reported lower back, left hip, and left lower extremity pain. The request for Soma 350 mg, quantity 30, was modified to allow this additional month supply for weaning to discontinue. He was evaluated by treating provider 05/01/14 and was prescribed Soma 350 mg, one tablet per day for complaints of trouble with his right wrist. Diagnoses were left sciatic nerve injury, left lumbar facet pain, and right wrist pain, overuse. The prescription of Soma was not recommended due to the injured worker's usage of hydrocodone, as it may alter effects of other drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg take 1 daily as needed #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter , Muscle relaxants (for pain)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 10, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 29.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Carisoprodol (Soma®)

Decision rationale: Soma is not recommended for longer than a 2-to-3-week period. Carisoprodol is metabolized to meprobamate, an anxiolytic, which is a scheduled IV controlled substance. Additionally, Soma is a muscle relaxant and guidelines state that muscle relaxants are recommended for short-term for acute spasms of the lumbar spine. It was shown to be more effective than placebo in the management of back pain, but the effect is modest and comes with greater adverse effects. There is no documentation that claimant is suffering from acute spasms and the claimant has already been advised to wean from medication. So the request is not reasonable and not medically necessary.