

Case Number:	CM14-0219020		
Date Assigned:	01/21/2015	Date of Injury:	06/10/2009
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old male, who sustained an industrial injury on 6/10/2009. The diagnoses have included disc disorder with myelopathy, lumbar, disc disorder with myelopathy, cervical, chronic pain syndrome, generalized anxiety disorder and low potassium. Treatment to date has included surgical intervention, physical therapy, nonsteroidal anti-inflammatory drugs, epidural injections and pain medications. According to the visit summary from 11/20/2014, the injured worker had a chief complaint of neuropathic pain, neck pain and back pain. He had neuropathy in his lower extremities. No physical exam was documented. Authorization was requested for Soma, Kadian ER, Lorazepam and Oxycodone HCL. On 12/17/2014 Utilization Review (UR) modified a request for Soma 350mg #60 to Soma 350mg #4, noting that Soma is not indicated for long-term use. The MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) section Weaning of Medications section Page(s): 29 and 124.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. The injured worker has a chronic injury without report of new injury or acute exacerbation where Soma may be indicated for short-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. Utilization review partially certified this request for 4 tablets. The request for 1 prescription of Soma 350mg #60 is determined to not be medically necessary.