

Case Number:	CM15-0001093		
Date Assigned:	01/12/2015	Date of Injury:	07/27/1987
Decision Date:	03/06/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury July 27, 2087. According to the progress note of November 24, 2014, the injured workers chief complaint was of low back pain with pain radiating down the right lower extremity. The injured worker was diagnosed with chronic pain disorder, lumbar radiculitis, hypotestosteronemia, status post lumbar spine microdiscectomy. Rated pain was 5-7 out of 10 with pain medication and 9 out of 10 without pain medication; 0 being no pain and 10 being the worse pain. The injured worker has been treated with other muscle relaxants, surgery, pain medication and physical therapy. On December 9, 2014, the UR denied authorization for Carisoprodol 350mg #90. The denial was based on the MTUS guidelines for Carisoprodol (Soma), not recommended for long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol Tab 350mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carsiprodolol Page(s): 29.

Decision rationale: According to the MTUS guidelines, SOMA (Carsiprodolol) is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone (Norco) for several months which increases side effect risks and abuse potential. The continued chronic use of SOMA is not medically necessary.