

Case Number:	CM15-0010652		
Date Assigned:	01/28/2015	Date of Injury:	01/02/2003
Decision Date:	03/18/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47-year-old male with an industrial injury dated January 2, 2003. The injured worker diagnoses include headaches and neck pain, cervical radiculopathy, cervical spasms, lumbar discogenic pain/lumbar degenerative disc disease, right lateral thigh numbness, insomnia and recent fracture of the left fifth toe. He has been treated with radiographic imaging, diagnostic studies, prescribed medications, consultation and periodic follow up visits. According to the progress note dated 12/24/14, the injured worker reported ongoing neck and low back pain with ongoing numbness of the right lateral thigh. The injured worker also reported that the right hand numbness bothers his sleep at night and that he uses Soma to help him sleep. The treating physician prescribed Soma 350mg #30. Utilization Review (UR) determination on January 10, 2015 denied the request for Soma 350mg #30, citing MTUS Guidelines.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: Soma 350mg #30 is not medically necessary per the MTUS Guidelines and the ODG. Both guidelines recommend against using Soma and state that it is not for long term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term (since Sept. 2013) which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma 350mg is not medically necessary.