

Case Number:	CM15-0115839		
Date Assigned:	06/24/2015	Date of Injury:	08/09/2000
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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, Michigan

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 66 year old female, who sustained an industrial injury on August 9, 2000. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbago/low back pain, joint dysfunction, and trochanteric bursitis. On January 29, 2015, a urine drug screen was negative for Carisoprodol and Meprobamate. On March 11, 2015, a urine drug screen revealed results positive for Carisoprodol and Meprobamate, which was consistent with her prescribed medications. On April 27, 2015, a urine drug screen was negative for Carisoprodol and Meprobamate. Treatment to date has included sacroiliac joint injection, piriformis injections, trochanteric bursa injections, a non-steroidal anti-inflammatory injection, ice/heat, and medications including opioid analgesic, antidepressant, and muscle relaxant, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of diabetes mellitus type 2. Work status: She is on permanent disability. On May 19, 2015, the injured worker complains of back and leg pain. She also complains of depression. Her pain level with medication is 7/10. She is able to cook, shop, bathe, dress, drive, brush her teeth, and do laundry. She is unable to garden. The physical exam revealed lumbar spine tenderness, facet joint tenderness, and decreased flexion, extension, and lateral bending. There was bilateral sacroiliac joint tenderness. The treating physician noted that the injured worker had tested negative for Soma four times. The treatment plan includes decreasing the Soma to twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain) Page(s): 29; 63-66.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain". Carisoprodol is "not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety". Additionally, it is not recommended for long term use. The documentation supports that the injured worker has been taking Soma for at least 5 months. Per the treating physician, four urine drug screens have been inconsistent for Soma. Therefore, based on the above discussion as well as the guidelines, the request for Soma is or is not medically necessary.