

Case Number:	CM15-0122367		
Date Assigned:	07/28/2015	Date of Injury:	08/24/2005
Decision Date:	09/23/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/24/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 57 year old female, who sustained an industrial injury on August 24, 2005. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical degenerative disc disease, cervical radiculitis, neck pain, lumbosacral radiculitis, back pain, and sciatica. The medical records refer to x-rays of the cervical and lumbar spines were performed, which revealed degenerative joint disease and degenerative disc disease. The date(s) and results of the studies were not included in the provided medical records. Treatment to date has included cervical epidural steroid injection, trigger point injections, hot packs, ice packs, exercises, and medications including opioid analgesic, muscle relaxant, antidepressant, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury, and no noted comorbidities. On May 1, 2015, the injured worker complains of moderate lumbosacral with pain radiating pain of both legs. The physical exam revealed cervical paraspinal spasm, trigger points in the trapezius and rhomboids, and normal bilateral deep tendon reflexes. The sensory exam was abnormal. The motor exam was normal. She is not currently working. The treatment plan includes continuing Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 60 with three refills: Upheld

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

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

Decision rationale: Soma is the muscle relaxant, carisoprodol. Carisoprodol is not recommended. Carisoprodol 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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. In this case the patient has been using Soma since at least November 2014. This medication is not recommended. The request should not be authorized and therefore is not medically necessary.