

Case Number:	CM15-0123156		
Date Assigned:	07/14/2015	Date of Injury:	07/03/1995
Decision Date:	08/07/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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 is a 66 year old female who sustained an industrial injury on 7/3/95. Diagnoses are lumbar spine sprain, pain in limb, lumbar post-laminectomy syndrome, lumbar radiculopathy, and degeneration of lumbar or lumbosacral intervertebral disc. In a progress report dated 6/10/15, the treating physician notes she has a history of right low back/hip pain in the setting of failed back surgery syndrome and lumbar degenerative disc disease radiculopathy. She has had 5 back surgeries, the most recent being 4/2014. Current complaint of low back pain is rated at 8/10 with medications and 10/10 without. She walks with a cane and is awaiting a pain pump. She had a successful trial of the pain pump. She reports the benefit of chronic pain medication, activity restriction, and rest continue to keep pain within a manageable level allowing her to complete necessary activities of daily living. Current medications are MS Contin ER, Oxycodone, Prilosec, and Soma. Straight leg raise is positive. The treatment plan is to continue with all conservative treatment measures including ice, heat, exercise, and stretching, and continue medications. A urine drug screen done 3/15/15 reports positive results for Benzodiazepines, Opiates, and Oxycodone. The requested treatment is Soma 350mg, three times a day, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #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 SOMA
Page(s): 29.

Decision rationale: According to the MTUS guidelines, SOMA 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 Oxycodone which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.