

Case Number:	CM15-0125489		
Date Assigned:	07/09/2015	Date of Injury:	06/02/2000
Decision Date:	08/05/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	07/01/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 60 year old female, who sustained an industrial injury on 6/2/00. The injured worker was diagnosed as having lumbago, enthesopathy of the hip region, sciatica, and degeneration of the cervical intervertebral disc. Treatment to date has included physical therapy, a home exercise program, acupuncture, multiple cervical and lumbar epidural steroid injections, and medication. The injured worker had been taking Soma since at least 11/17/14. On 3/12/15 pain was rated as 8-9/10 without medication and 5/10 with medication. On 5/13/15 pain was rated as 10/10 without medication and 5/10 with medication. Currently, the injured worker complains of low back pain, pain in the right knee and right hip pain. The treating physician requested authorization for Soma 350mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg Qty: 240.00: Upheld

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

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for a long time without clear evidence of spasm or exacerbation of back pain. There is no justification for prolonged use of Soma. Therefore, the request for SOMA 350mg #240 is not medically necessary.