

Case Number:	CM15-0129100		
Date Assigned:	07/15/2015	Date of Injury:	06/03/2005
Decision Date:	08/17/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/02/2015

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: 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 58 year old male, who sustained an industrial injury on June 3, 2005. He reported injury to his back. The injured worker was diagnosed as having residuals of sprain of the lumbar spine and multi level cervical spondylosis and cranial stenosis. Treatment to date has included diagnostic studies, injections, physical therapy, surgery and chiropractic treatment. On May 5, 2014, the injured worker complained of chronic low back pain rated as a 10 on a 1-10 pain scale. Notes stated that the injured worker takes Norco and Soma but he reported that they are not effective in controlling his pain. The treatment plan included medications and a follow-up visit. On June 12, 2015, Utilization Review non-certified the request for Soma 350 mg #120, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg one tab every 6 hours #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma) Page(s): 63-66, 29.

Decision rationale: According to the MTUS guidelines, Carisoprodol (Soma) is not recommended. The MTUS guidelines state that this medication is not indicated for long-term use and in regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); and (5) as a combination with codeine (referred to as "Soma Coma"). The MTUS guidelines also note that there was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. In this case, the injured worker has been prescribed Soma for an extended period of time, and modification has been rendered on Utilization Review to allow for weaning. The request for Soma 350mg one tab every 6 hours #120 is not medically necessary.