

Case Number:	CM15-0176723		
Date Assigned:	09/28/2015	Date of Injury:	08/08/1996
Decision Date:	11/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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 63 year old female who sustained an industrial injury on 08-08-1996. According to the most recent report submitted for review and dated 08-13-2015, the injured worker continued to experience pain in her back radiating into her right leg along with a new pain over her left sacroiliac joint. Treatment to date has included medications, lumbar epidural and P-stim. She had her 4th application of P-stim and continued to have "significant" pain. She had become somewhat depressed due to the constant pain. She was still awaiting approval for detox but had not received any notification. She continued to have difficulty getting her analgesics on a regular basis. She was able to flex almost to her knee level with increasing moderate lower back and right buttock pain as well as tenderness over the right buttock. She had slight residual tenderness over the interspinous ligament L4 L5 and tenderness over the S2 S3 interspace and sacroiliac joint on right. The injured worker had a positive straight leg raise at 90 degrees in the sitting position on the right side causing back, buttocks and side pain. The maximum area of tenderness was noted over the left lower sacroiliac joint. The treatment plan included Tylenol #3, Ultram ER, Protonix, Flexeril, Neurontin, Lunesta, Relafen and Cortisone injection. Diagnoses included lumbar disc rupture. Authorization was request for admission to the hospital for chemical dependency treatment. Cortisone injection into the sacroiliac joint was administered. On 08-14-2015, Utilization Review non-certified the request for Soma 350 mg #60 (1 tablet twice a day) and authorized the request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 (1 tablet twice a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of carisoprodol (also known as Soma). Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. 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"); & (5) as a combination with codeine (referred to as "Soma Coma"). In this case, the medical records indicate that the patient has been using opioids in combination with Soma. As noted in the above cited guidelines, this combination has high abuse potential and places the patient at risk for harm. Further, the records indicate that Soma is being used as a chronic treatment, which again is not recommended. For these reasons, Soma is not medically necessary.