

Case Number:	CM15-0060383		
Date Assigned:	04/06/2015	Date of Injury:	12/17/2001
Decision Date:	06/11/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 67 year old female with an industrial injury dated 12/17/2001. Her diagnoses included chronic lower back pain due to symptomatic degenerative disc disease, reactive depression related to pain, difficulty sleeping related to pain and bilateral knee arthritis, non-industrial. She presents on 02/03/2015 with complaints of lower back pain, ongoing bilateral knee pain, difficulty sleeping and symptoms of gastroesophageal reflux related to pain medication. Physical exam revealed extremely limited range of motion in all planes of the lumbar spine. Plan of care was for medications to include a muscle relaxant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma Tab 350 MG 30 Day Supply Qty 120 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Soma (Carisoprodol).

Decision rationale: Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is Not recommended. This medication is not indicated for long-term use. MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The patient has been on Soma since 2014 for insomnia due to pain in excess of guideline recommendations. As such, the request for SOMA 350MG, 30 day supply, #120 with one refill is not medically necessary.