

Case Number:	CM15-0066294		
Date Assigned:	04/14/2015	Date of Injury:	10/24/2013
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/07/2015

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:

This 33 year old man sustained an industrial injury on 10/24/2013. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI which is undated. Diagnoses include lumbar spine pain, thoracic spine degenerative disc disease, lumbar spine degenerative disc disease, thoracic spinal stenosis, and lumbar spinal stenosis. Treatment has included oral medications. Physician notes dated 10/23/2014 show complaints of low back pain with radiation to the lower extremities. Recommendations include activity, modification, home exercise program, and swimming program. The claimant had been through a course of Percocet, Tramadol and Opana for pain in the past. A request was made for Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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 opioids which increase side effect risks and abuse potential. The amount and frequency of use to indication was not specified. The use of SOMA is not medically necessary.