

Case Number:	CM15-0074997		
Date Assigned:	04/24/2015	Date of Injury:	04/30/2014
Decision Date:	05/27/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/20/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 48-year-old female, who sustained an industrial injury on 04/30/2014. She has reported injury to the low back. The diagnoses have included lumbar spine sprain/strain; lumbar radiculitis; lumbago; and myalgia. Treatment to date has included medications, diagnostics, ice, physical therapy, and home exercise program. Medications have included Norco, Flexeril, Naprosyn, Zanaflex, and Amitriptyline. A progress note from the treating physician, dated 03/17/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of a moderate to severe exacerbation of right-sided low back pain with muscle spasming; and she has been taking the prescribed Norco and Flexeril. Objective findings included tenderness to palpation of the lower right thoracic paraspinal muscles, lower thoracic spine, and the lumbar paraspinal muscles; and the exam was limited secondary to moderate to severe pain and limited ability to move. The treatment plan has included the request for Soma 350mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #30: Upheld

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

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

Decision rationale: Soma is the muscle relaxant carisoprodol. Carisoprodol is not recommended. Carisoprodol 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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. In this case, the patient was being treated with flexeril. This was discontinued in March 2015 when the Soma was started. Soma is not indicated due to severe adverse effects. It is not recommended. The request should not be medically necessary.