

Case Number:	CM15-0078685		
Date Assigned:	05/28/2015	Date of Injury:	06/08/1994
Decision Date:	06/25/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/24/2015

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:

The injured worker is a 65 year old male who sustained an industrial injury on 06/08/1994. Current diagnoses include myofascial and lumbar radiculitis. Previous treatments included medication management and home exercises. Previous diagnostic studies include lumbar x-rays. Report dated 03/31/2015 noted that the injured worker presented with complaints that included low back pain with stiffness and radiation to the bilateral leg, and increased pain in thigh. Pain level was not included. Physical examination was positive for decreased range of motion in the lumbar spine. The treatment plan included a prescription for Norco. Disputed treatments include Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol), Muscle Relaxants.

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 Hydrocodone (Norco) which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.