

Case Number:	CM15-0099893		
Date Assigned:	06/02/2015	Date of Injury:	03/04/2010
Decision Date:	07/07/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/26/2015

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 (IW) is a 67-year-old female who sustained an industrial injury on 03/04/2010. Diagnoses include pain in joint, shoulder region; sciatica; chronic pain due to trauma; and degenerative intervertebral disc disease of the lumbar/lumbosacral spine. Treatment to date has included medications, bracing, left shoulder total arthroplasty and physical therapy. According to the PR2 dated 3/25/15, the IW reported constant dull, aching, shooting pain in the lower back, left arm and bilateral legs, worse on the right. The pain radiated to the back, left shoulder and bilateral lower extremities. She rated the pain 8/10 on average, but at the time of exam, it was 9/10. She reported the pain was aggravated by lying flat and by movement and was relieved with heat, medications and physical therapy. It was noted the IW took the Soma only when needed. A request was made for Soma 350mg, #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

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. The claimant has been on Soma for several months which increase the risks and abuse potential is not medically necessary.