MAXIMUS Federal Services

Case Number:	CM14-0066152		
Date Assigned:	07/11/2014	Date of Injury:	11/29/1994
Decision Date:	11/23/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/09/2014

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 62-year-old male, with a reported date of injury of 11-29-1994. The diagnoses include flare-up neck pain, cervical disc injury, lumbosacral disc injury, cervical sprain and strain injury, and myofascial pain syndrome. Treatments and evaluation to date have included electro-acupuncture, Norco, Lyrica, and Etodolac. The diagnostic studies to date have included a urine drug screen on 03-24-2014 with consistent findings. The medical report dated 03-24-2014 indicates that the injured worker stated that electro-acupuncture has been helpful to decrease his pain and discomfort. He has also noted improvement in function. The objective findings include decreased cervical range of motion, decreased lumbosacral range of motion, normal motor strength in both upper extremities, and positive Tinel's and Phalen's test in the wrist and hand. The treating physician requested Soma 350mg #30 with three refills. On 04-25-2014, Utilization Review (UR) non-certified the request for Soma 350mg #30 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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 which increases side effect risks and abuse potential. The use of SOMA with 3 refills is not medically necessary.