

Case Number:	CM13-0026744		
Date Assigned:	11/22/2013	Date of Injury:	10/19/2001
Decision Date:	02/03/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65-year-old female who reported an injury on 10/19/2001, when she tripped and nearly fell, subsequently hitting her right hip and ribs on a desk. An MRI performed on 08/15/2009 revealed mild degenerative changes across the right hip joint with spurring of the acetabular rim and mild narrowing of joint space, spurring contributed to a mild acetabular coverage of femoral head, trochanteric bursal inflammation with insertional gluteus minimus and medius tendinopathy. A left shoulder MRI performed on 11/28/2011 revealed lateral downward angulation of the acromion, underling mild acromioclavicular degenerative arthritic-type changes, and potential for impingement mechanism. The patient stated that her level has decreased since the last visit, and did not report any change in the location of the pain. The patient was noted as having undergone a right hip injection on 11/05/2013, which reported gave her 40% to 50% relief from pain and a previous hip injection in 10/2013, which gave her 60-70% relief. The physician is requesting Soma 300 mg with a quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, QTY: 60.00: 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 Section Carisoprodol (Soma®), Page(s): 29.

Decision rationale: Under California MTUS, it states that carisoprodol, otherwise known as Soma, is not recommended for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant whose primary active metabolite is meprobamate. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. As noted in the documentation, the patient has been utilizing the same medication, at the same dose since at least 09/2012. Throughout the documentation, there is no significant objective information indicating this medication has provided the patient with a sufficient decrease in pain relief. The only noted decrease in pain relief was from the patient's hip injections that she has undergone in recent months. Therefore, at this time, the requested service for carisoprodol continuation at 350 mg with a quantity of 60 is non-certified.