

Case Number:	CM13-0032109		
Date Assigned:	04/25/2014	Date of Injury:	08/18/2005
Decision Date:	06/02/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/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 worker is a 66 year old female who from 8/18/05 to 11/06 was injured, which led to her chronic musculoskeletal pain, for which there was very little documents provided to provide any more detail than this. She was later diagnosed with chronic pain syndrome, upper extremity entrapment neuropathy, right shoulder impingement/partial rotator cuff tear, multilevel cervical spondylosis with central and neural foraminal stenosis, right third finger extension contracture, right lateral epicondylitis, severe gastritis and reflux, and inflammatory arthropathy. She had been treated with at least the following oral medications: nexium, zantac, reglan, lyrica, tramadol, lidoderm and other topical analgesics, celebrex, and Soma, and no evidence of other treatments having been done in the past were found in the documents provided. She was started on Soma on 11/13/12 by her treating physician without explanation in the progress notes provided and it was continued for months following. One of the more recent progress notes from 7/30/13 suggested that the worker reported global body pain, joint stiffness, and malaise. Her treating doctor ordered screening tests for rheumatoid arthritis, which showed negative antibody tests, but elevated inflammation markers, suggesting an inflammatory process. She was also recommended to continue her Soma 350 mg at once at bedtime.

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 SOMA (CARISOPRODOL).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 29, 63-65.

Decision rationale: The MTUS Guidelines state that using muscle relaxants such as Soma for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. For Soma specifically, the MTUS states that it is not recommended to be used for longer than a 2-3 week period due to its potential for abuse, side effects, and lack of sufficient long-term safety data. In the case of this worker, she had been using Soma nightly for many months, which is beyond the recommended duration, therefore Soma 350 mg. #30 is not medically necessary.