MAXIMUS Federal Services

Case Number:	CM13-0033428		
Date Assigned:	12/06/2013	Date of Injury:	03/19/2010
Decision Date:	03/25/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 51 year old woman with a date of injury of 3/19/10. She was seen by her primary treating physician on 9/13/13. She had complaints of continued cervical spine pain and headaches with minimal improvement and numbness to bilateral upper extremities. She had left wrist pain to forearm. The patient has been taking gabapentin as needed and occasional soma. The note is hand written and physical exam is difficult to read. "+ TTP C/S bilaterally", decreased cervical spine range of motion, decreased flexion/extension, tilt to the right and rotation to the left. The patient had a positive myospasm. Her diagnoses included cervical sprain/strain, moderate to severe, possible nerve root impingement, bilateral shoulder impingement syndrome, flexor tendinitis, right forearm. Included in the treatment plan was a prescription for soma which is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF SOMA 350MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This injured worker has chronic neck and extremity pain with an injury sustained in 2010. Her medical course has included numerous diagnostic and treatment modalities and use of several medications including gabapentin. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 9/13/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. Carisoprodol is not recommended or indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). 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. The records do not support medical necessity for soma.