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| Case Number: | CM13-0036220 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 05/30/2003 |
| Decision Date: | 02/12/2014 | UR Denial Date: | 10/04/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

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 Orthopedic Surgery and is licensed to practice in California. 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 52-year-old individual who was injured in a work related accident on May 30, 2003. The clinical records for review indicate this was an injury due to "repetitive motion" with current listed diagnoses of impingement syndrome of the shoulders, cervical strain, depression, carpal tunnel syndrome bilaterally. Recent clinical report for review dated September 16, 2013 indicated that the assessment noted continued complaints of pain about the neck, upper and lower back, bilateral shoulders, elbows and wrists. Objectively, there was restricted range of motion of the cervical spine, tenderness to palpation of the cervical spine, pain over the sacroiliac joints with palpation, tenderness over the bilateral trochanteric bursa, positive Tinel sign at the elbows and the wrists. She was given multiple chronic diagnoses including shoulder impingement, cervical pain, noted to be status post a three level anterior cervical discectomy and fusion, chronic depression, bilateral ulnar nerve entrapment and chronic narcotic dependency. The recommendations at that time however, were for continuation of Soma for medication purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain: Carisoprodol (Soma®)..

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the role of Soma is not recommended for long term use. Guidelines indicate that Soma, a commonly prescribed central acting skeletal muscle relaxant, is highly noted for abuse profile given its sedative and relaxant effects. The guideline criteria did not recommend its role in the chronic setting. Given the claimant's chronic and long term use of this agent, its continued use at this point in time would not be supported. Guideline criteria in regards to weaning of this medication indicate that it can be weaned from with symptomatic treatment based only if withdrawal complaints are noted. Records would not indicate a formal weaning period per Guideline criteria.