

Case Number:	CM13-0038350		
Date Assigned:	12/18/2013	Date of Injury:	04/09/2005
Decision Date:	04/14/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

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 Internal Medicine, and is licensed to practice in Florida. 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:

This patient is a 56 year-old male with a date of injury of 4/9/05. Relevant documents reviewed in this evaluation include progress notes and a PR-2 per [REDACTED] from 10/16/13. These notes document the patient's subjective complaints of left hand pain, numbness and tingling radiating up to his left shoulder. In addition, it was noted the patient's neck pain had worsened. Objective findings include paravertebral cervical spine tenderness, spasm. Restricted range of motion of the cervical spine is also noted. Examination of the bilateral shoulders revealed diminished range of motion and positive impingement sign bilaterally. The right wrist joint line was noted to be tender to palpation with intact sensation in the median nerve distribution, decreased grip strength and positive Tinel's and Phalen's. The left hip greater trochanter was tender to palpation. Diagnosis includes cervical radiculopathy, bilateral shoulder internal derangement, and right shoulder impingement syndrome, right carpal tunnel syndrome s/p release, left greater trochanteric bursitis, anxiety reaction and PTSD. Treatment to the right wrist includes previous surgical intervention. In addition, previous treatment plans have included Flexeril, Remeron, Norco, Dendracin Lotion, massage therapy. Treatment plans include Soma 350mg twice daily #30. It appears the patient has previously received treatment with Ambien. However, the documentation fails to identify specific details concerning the use of sleep medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG, 1 TABLET TWICE A DAY, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), LexiComp Page(s): 29. Decision based on Non-MTUS Citation LexiComp, Topic 9205 Version 80.0

Decision rationale: The provider has documented the patient's need for Soma to treat the patient's muscle spasms as well as anxiety. The request does not specifically state what muscles are the target of the therapy. The medical record reflects previous use of Soma, as noted in records from 9/24/13, when it was noted the patient was taking "his medications same as before" and these include Carisoprodol (Soma). Soma is recommended to be used only for short periods (2-3 weeks) due to lack of evidence of effectiveness with prolonged use. This medication is not approved for the treatment of anxiety. The medication is not recommended for chronic management of muscle spasm. This patient's neck pain is a chronic issue. In addition, the MTUS specifically does not recommend sedating muscle relaxants, and it is believed the main effect of Soma is due to generalized sedation. This medication is not medically necessary in the context of managing this patient's chronic pain.