

Case Number:	CM13-0051506		
Date Assigned:	04/25/2014	Date of Injury:	05/02/2006
Decision Date:	07/07/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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 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 patient is a 42 year old female injured worker with date of injury 5/2/06. Per the 3/7/14 progress note, the patient was seen for cervical radiculopathy, bilateral shoulder pain, bilateral wrist and forearm impingement and left volar wrist pain. The patient had undergone left shoulder arthroscopy and cervical fusion. She reported muscle spasms. She used Soma 4 times a day with some relief. She was also using heat and ice. The patient uses TENS; but was not able to decrease the Soma. The patient was thinking about Botox. Pain was rated 10/10. Right shoulder surgery was planned. She was not able to do physical therapy due to insurance issues. On examination, the cervical ranges of motion were reduced and painful. There is spasms and tenderness in the paraspinal and trapezius musculature. The patient also has depression. The date of UR decision was 10/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG QID #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, "Not recommended: This medication is not 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). Carisoprodol is now scheduled in several states but not on a federal level. 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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." As this medication is not recommended by MTUS, it cannot be supported. It should be noted that the UR physician has certified a modification of this request for the purpose of weaning. Therefore, the request for Soma 350mg QID # 120 is not medically necessary and appropriate.