

Case Number:	CM13-0065598		
Date Assigned:	03/03/2014	Date of Injury:	08/05/2013
Decision Date:	06/30/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 Occupational 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 58 year old female with date of injury 8/5/13. The medical record associated with the request for authorization, a primary treating physician's initial comprehensive orthopedic evaluation dated 11/14/13, lists her subjective complaints as pain in the neck, bilateral shoulders, and arms. She states that the pain is more severe in the left shoulder and radiates down to her hand, forefinger and thumb. Examination of the cervical spine revealed slight right-sided torticollis. There was tenderness and spasm along the right paracervical and trapezius musculature. A comprehensive motor examination of the upper extremities (including the shoulder abductors, flexors and extensors, the wrist flexors and extensors, the forearm supinators and pronators, the finger extensors, flexors, and intrinsic muscles) showed 5+/5+ motor power bilaterally. There was tenderness in the subdeltoid region of both shoulders with a mildly positive Neer and a mildly positive Hawkins impingement signs. Diagnoses include right-sided cervical and trapezius muscle strain, bilateral post-traumatic shoulder tendonitis, closed head injury, and headaches. The medical records provided for review show no evidence that the patient had been prescribed Soma before 11/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 SOMA 350MG FOR DATE OF SERVICE 11/14/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CARISOPRODOL (SOMA®), 29

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §§9792.20 - 9792.26 Page(s): 29.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Soma is not recommended. This medication is not indicated for long-term use. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Soma 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. As such, the request is not medically necessary.