

Case Number:	CM14-0008228		
Date Assigned:	02/12/2014	Date of Injury:	12/02/1994
Decision Date:	07/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 52-year-old female with a 12/2/94 date of injury to the right hand from cumulative use while working as a custodian. A pain management report dated 1/9/14 stated the patient complained of worsening left arm pain with numbness in the wrist and finger's, and right elbow sensitivity with numb 4th and 5th digits, 6-9/10. Exam findings revealed limited cervical range of motion, left hand claw deformity, positive Spurling's and Hoffman's tests bilaterally, and no evidence of paraspinal muscle spasm. There was coolness in the left upper extremity with decreased strength the in the left hand and triceps and diffusely decreased vibratory sensation in the distal left upper extremity. Diagnosis: RSD Treatment to date: carpal tunnel release, multiple right hand surgeries, nerve blocks, physical therapy, acupuncture, TENS unit, medications (Oxycodone 30 mg QID, Trazadone, and Soma) A UR decision dated 1/16/14 modified the requested from #90 to #80 given communication with the provider indicated the patients use of Soma was keeping the use of her Narcotics down. Hence, the decision was modified to allow for short term use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: FDA (CARISOPRODOL).

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. This patient has a diagnosis of CRPS. She has been on Soma chronically and there is no documentation to support any functional gains or decrease in pain with use of this medication. There is no clear rationale for ongoing use, and this patient has exceeded the treatment guidelines with regard to duration of use. The UR decision reduced the patient's quantity from 90 to 80 tablets, allowing for a taper. Therefore, the request was not medically necessary.