

Case Number:	CM14-0009451		
Date Assigned:	02/14/2014	Date of Injury:	09/18/2009
Decision Date:	06/16/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/24/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 35-year-old female who reported an injury on 09/18/2009 due to an unknown mechanism. The clinical note dated 12/02/2013 indicated the injured worker reported chronic severe pain, which included headaches, shoulder, and back pain. The injured worker had a history of cervicalgia and cervicogenic headaches over the periorbital region with radiation to the bilateral trapezius. The injured worker reported her average pain without medication was rated at 8/10 and with medications pain was rated at 2-3/10. The injured worker reported the medications were keeping her functional and allowed for increased mobility and tolerance with activities of daily living and home exercises. On physical exam, active range of motion to the cervical spine was moderately limited with radiating pain. The injured worker had tenderness to palpation at the C5-C6 region and tenderness to palpation at the paraspinals and at the C8-T1 region also. The injured worker's upper extremity strength was decreased bilaterally. The injured worker's medication regimen included Soma, Tylenol with codeine, Xanax and Kepra. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA (CARISOPRODOL) 350MG #45: 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 MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The MTUS guidelines also state Soma is recommended for no longer than 2 to 3 weeks. There is a lack of evidence of significant muscle spasms upon physical examination. The efficacy of the medication was unclear within the provided documentation. In addition, the injured worker has been prescribed the Soma since at least 09/10/2013, which exceeds the guidelines recommendations. Therefore, based on the documentation provide. The request for Soma (Carisoprodol) 350 mg #45 is non-certified.