

Case Number:	CM14-0010907		
Date Assigned:	02/21/2014	Date of Injury:	05/22/1999
Decision Date:	07/28/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 66-year-old male who has submitted a claim for chronic pain syndrome and myalgia and myositis nonspecific associated with an industrial injury date of 08/31/2011. Medical records from 06/17/2013 to 02/18/2014 were reviewed and showed that the patient complained of continued total body pain, morning gel phenomenon that lasts for minutes, and chronic fatigue. Physical examination revealed no rheumatoid arthritis deformities and no new joint swelling. The neurologic examination was normal. Treatment to date has included compounded topical cream containing Flurbiprofen/Lidocaine/Menthol/Camphor, Soma, Flurbiprofen, Sonata, and Lyrica. Utilization review, dated 01/21/2014, modified the request for one prescription of Soma 350mg #60 to Soma 350mg #15 between 12/19/2013 and 3/7/2014 because tapering was done before removing the drug, which was not intended for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG QUANTITY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

Decision rationale: According to pages 29 and 65 of CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol (Soma) is not indicated for long-term use. The medication is not recommended for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In this case, the patient was prescribed Soma 350mg BID #30 since 10/10/2013. There was no discussion or objective evidence to support the continued use of Soma. Therefore, the prescription for Soma 350mg quantity 60 is not medically necessary and appropriate.