

Case Number:	CM14-0012572		
Date Assigned:	02/21/2014	Date of Injury:	12/08/1989
Decision Date:	07/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/31/2014

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 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 60-year-old female who has submitted a claim for lumbar/cervical facet syndrome, and lumbar/cervical discogenic disease; associated with an industrial injury date of 12/08/1989. Medical records from 1988 to 2014 were reviewed and showed that patient complained of neck and shoulder pain, graded 3-5/10, accompanied by frequent spasms in both shoulders, and occipital headaches. Patient has difficulty turning head from side to side, and with bending, stooping, twisting, and turning. Physical examination showed tenderness over the bilateral parascapular and lumbar paravertebral regions with spasms. Range of motion was limited to pain. Patient was unable to toe or heel walk. Motor testing was normal. Sensation was intact. Treatment to date has included oral analgesics and muscle relaxants. Utilization review, dated 01/03/2014, modified the request for Soma because its long-term use is not recommended, and for tapering purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA (CARISOPRODOL).

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

Decision rationale: As stated on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is not recommended for chronic or long-term use, particularly when used in conjunction with opioid medications. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. In this case, patient has been prescribed Soma since at least February 2013, and is also currently taking MS Contin and Percocet. However, long term use is not recommended. Furthermore, the medical records submitted for review did not show objective evidence of functional improvement derived from its use. Therefore, the request for Soma 350 mg #120 is not medically necessary.