

Case Number:	CM14-0120597		
Date Assigned:	08/06/2014	Date of Injury:	01/20/1999
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/31/2014

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 Emergency 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:

This is a patient with reported date of injury of 1/20/99. The mechanism of injury was not provided for review. The patient has a diagnosis of cervical disc disease with C5-6 anterior fusion with degenerative disease, lumbar degenerative disease, lumbar arthropathy, lumbar radiculopathy, cervicgia, migraines, knee arthritis and chronic pain syndrome. The last report available was dated 7/8/14. The patient complains of severe neck pains, shoulder and bilateral knee pains, rated at 6-10/10. Objective exam reveals tightness and tenderness to cervical spine and bilateral trapezius and inter scapular area. There was tenderness to the left inter scale and levator scapular, and diffuse decreased range of motion. Lumbar exam reveals diffuse tenderness positive straight leg bilaterally and diffusely decreased range of motion. There was hypoaesthesia in both hands on dorsum and left posterior leg and calf to the left heel. Strength is normal, and there is antalgic gait noted. MRI of cervical spine (11/22/09) showed midline disc protrusion at C6-7 with left foraminal stenosis, and anterior cervical fusion. The medication list includes Dilaudid, Percocet, Zofran, Zomig, Soma and Valium. The patient has received multiple epidural steroid injections.

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 ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As per the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and it can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. The patient is on extremely high dose opioid therapy that is at high risk for intoxication. This is compounded by also being on valium. There are no documented muscle spasms or actual objective improvement on this medication. A report states that it "improves" pain and function, but that is not considered objective as per MTUS criteria. Use of Carisoprodol, a potentially addictive medication in combination with multiple intoxicating and euphoria potentiators such as opioids and benzodiazepines is not medically appropriate. The MTUS does not recommend this medication. Soma is not medically necessary.