

Case Number:	CM14-0155416		
Date Assigned:	09/25/2014	Date of Injury:	03/01/1999
Decision Date:	12/18/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, arm, and hand pain reportedly associated with an industrial injury of March 1, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; carpal tunnel release surgery; trigger thumb release surgery; elbow epicondylar release surgery; shoulder surgery; opioid therapy; and adjuvant medications. In a utilization review report dated August 25, 2014, the claims administrator denied a request for Soma. The applicant's attorney subsequently appealed. In an August 25, 2014, progress note, the applicant reported ongoing complaints of neck, bilateral shoulder, bilateral wrist, and right elbow pain. The applicant was asked to discontinue Norco and Soma while continuing Lyrica, Pamelor, Butrans, and Flector. The applicant did have derivative complaints of depression and anxiety, it was noted. The applicant's medication list prior to the attending provider's modifications included Dexilant, Synthroid, Lyrica, Pravachol, Desyrel, Topamax, Soma, and Norco. In an August 7, 2014, progress note, the applicant reported ongoing complaints of shoulder, neck, and elbow pain. The applicant was given a shoulder corticosteroid injection. The applicant was using Norco, Soma, Lyrica, and Lodine, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

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

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Norco, an opioid agent, along with Soma. This was not in line with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. It was further noted that the attending provider eventually reached the same conclusion and also elected to discontinue Soma. For all the stated reasons, then, the request was not medically necessary.