

Case Number:	CM14-0170904		
Date Assigned:	10/23/2014	Date of Injury:	04/24/2010
Decision Date:	11/21/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/16/2014

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:

This is a 39-year-old female with a 4/24/10 date of injury. According to a progress report dated 9/16/14, the patient complained of having significant neck pain described as tightness of the musculature and extending into the right shoulder. She was recently given a prescription of Soma. There is some numbness and tingling sensation into the upper extremities especially at night. Objective findings: palpable tenderness to palpation of the right trapezium and levator scapula musculature, myofascial trigger points with jump response palpated in the mid trapezium, limited cervical range of motion. Diagnostic impression: C5-C6 3mm herniated nucleus pulposus, right C6 radiculopathy, right paracervical and trapezius myofascial pain and spasm. Treatment to date includes medication management, activity modification, physical therapy, injections. A UR decision dated 9/29/14 denied the request for Soma. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29; 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol)

Decision rationale: The California MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to Meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. However, in the present case, according to the records reviewed, this patient has been taking Soma on a chronic basis since at least 4/1/14, if not earlier. Guidelines do not support the long-term use of Soma due to its abuse potential and risk of adverse effects. In addition, a urine drug screen report dated 7/1/14 was inconsistent for Carisoprodol use. There is no documentation that the provider has addressed this issue. Therefore, the request for Soma 350mg #40 is not medically necessary.