

Case Number:	CM14-0025871		
Date Assigned:	06/13/2014	Date of Injury:	02/21/2000
Decision Date:	08/25/2014	UR Denial Date:	02/01/2014
Priority:	Standard	Application Received:	02/28/2014

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 Internal Medicine, Pulmonary Disease 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 injured worker is a 56-year-old male who reported an injury on 02/21/2000. The mechanism of injury was not provided within the documentation submitted for review. The injured worker's diagnoses were noted to be thoracolumbar strain with herniated nucleus pulposus, cervical strain, right shoulder strain and stomach/gastrointestinal upset due to the use of NSAIDs. The injured worker's past treatments were noted to be ice compression, physical therapy, home exercises and medication management. On 05/27/2014, the injured worker had a clinical evaluation with complaints of midback pain that radiated to the low back. He also complained of right-sided low back pain, neck pain with radiation to the right shoulder, right shoulder pain and stomach upset with intermittent acid reflux. The physical examination of the cervical spine noted palpation showing slight tenderness in the mid and lower paracervical muscles with mild spasms. The examination of the thoracolumbar spine indicated palpation showing slight tenderness and spasms of the parathoracic muscles. There was a tender point over the T8-10 region in the parathoracic region. The injured worker was noted to have medication therapy of Norco, Soma and Flexeril. The treatment plan was to continue with medications and home exercises. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for Medical Treatment was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF SOMA 350MG, #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not recommend Soma. This medication is not intended for long-term use. Abuse has been noted for its sedative and relaxant effects. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety and ataxia when abrupt discontinuation of large doses occurs. There is little research in terms of weaning of high dose Soma, and there is no standard treatment regimen for patients with known dependence. The injured worker's recent clinical examination does note a discontinuation of Soma. The provider's request failed to provide a dosage frequency. Soma is not recommended by the guidelines. As such, the request for a prescription of Soma 350 mg (Quantity: 40.00) is not medically necessary.