

Case Number:	CM14-0028959		
Date Assigned:	06/16/2014	Date of Injury:	07/12/2011
Decision Date:	08/13/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 46 year old female who reported an injury on 07/12/2011. The mechanism of injury was noted to be a fall. The injured worker's prior treatments were noted to be medications, injections, and surgery. The injured worker's diagnosis was noted to be C4-5, C5-6, and C6-7 stenosis. In addition, the injured worker was diagnosed with bilateral shoulder strains, left shoulder impingement syndrome, status post left shoulder arthroscopic decompression, and left shoulder rotator cuff tear. The documentation provided for review contains a Primary Treating Physician's Progress Report dated 01/31/2014. This is the most recent clinical evaluation submitted. The injured worker had complaints of left shoulder pain, as well as pain in the cervical spine radiating through the bilateral upper extremities. The objective findings included limited and weak left shoulder range of motion. In addition, the cervical spine had tenderness upon palpation with spasms over the posterior musculature. The treatment plan included resuming physical therapy for the left shoulder and cerebral spine twice a week for 4 weeks and medications Soma and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 250MG #60: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend Soma. This medication is not intended for long term use. 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. 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 medical records provided for review fail to indicate failed conservative treatment for muscle spasms and pain. The progress report does not indicate the duration of Soma therapy. In addition, the request for Soma fails to provide a frequency of use. Therefore, the request is not medically necessary and appropriate.