

Case Number:	CM14-0031314		
Date Assigned:	06/20/2014	Date of Injury:	03/22/2006
Decision Date:	08/19/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/12/2014

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 & Rehabilitation and is licensed to practice in California and Washington. 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 52-year-old female who reported an injury on 03/22/2006. The mechanism of injury was noted to be a fall. Her prior treatments included physical therapy, massage therapy, medications, heat/ice, home exercise program, transcutaneous electrical nerve stimulation unit, and chiropractic treatment. Her diagnoses were noted to be cervical disc displacement without myelopathy, sprains and strains of the neck, pain in joint of shoulder, shoulder region disorders not elsewhere classified, and calcifying tendinitis of the shoulder. The injured worker had a clinical evaluation on 01/09/2014. Her complaints were neck pain, left upper extremity pain, and right upper extremity pain. She rated the pain a 7/10 on a 0 to 10 pain scale. She described the pain as a shooting pain. She stated medication helps; however, side effects included drowsiness. The physical examination noted range of motion was restricted in the cervical spine with flexion to 30 degrees, extension to 30 degrees, right lateral bending to 30 degrees, and lateral rotation to the right to 30 degrees. Left lateral bending to 30 degrees and lateral rotation to the left to 30 degrees. Upon examination of the paravertebral muscles, there was spasm, tenderness, and tight muscle band noted on both sides. The treatment plan was for refills of Norco, Soma, tramadol, and Quazepam. The provider's rationale for the request was provided within a clinical note on 01/09/2014. A Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Carisoprodol 350mg Qty:60.00 Dos:01/09/14: Upheld

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

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

Decision rationale: The request for a retrospective Carisoprodol 350 mg #60, (date of service 01/09/2014), is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend Soma. This medication is not indicated for long-term use and is a commonly prescribed, essentially acting skeletal muscle relaxant. Abuse has been noted for sedative and relaxant effects. The clinical documentation submitted for review, dated 01/09/2014, does not indicate efficacy with use of Soma. The provider's request for Soma failed to provide a frequency. The guidelines do not recommend Soma. Therefore, the request for retrospective Carisoprodol 350 mg #60, (date of service 01/09/2014) is not medically necessary.