

Case Number:	CM14-0055093		
Date Assigned:	07/07/2014	Date of Injury:	11/17/2011
Decision Date:	08/21/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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 bilateral shoulder pain associated with an industrial injury of November 17, 2011. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and muscle relaxants. In a progress note dated March 24, 2014 the applicant was described as having persistent complaints of pain, highly irritable, ranging from 5-8/10. The applicant was having difficulty performing even basic activities of daily living, including gripping, grasping, working, and concentrating. The applicant was only working one day a week owing to pain complaints. The applicant was status post multiple shoulder surgeries. The applicant's medication list included Motrin, Soma, Vicodin, and Prilosec. Psychotherapy, physical therapy, and/or shoulder surgery consultation were sought. A variety of medications, including Norco, Restoril, Voltaren, Prilosec, Soma, and Motrin were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol/Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines, Carisoprodol/Soma.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol = Page(s): 7, 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. In this case, the applicant is concurrently using opioid agents, including Vicodin. Adding carisoprodol or Soma to the mix is not recommended. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is only able to work one day a week. The applicant is reporting pain complaints as high as 8/10, despite ongoing Soma usage. All the above, taken together, imply the ongoing usage of Soma has failed to effect any lasting benefit or functional improvement. Therefore, the request is not medically necessary.