

Case Number:	CM14-0079881		
Date Assigned:	07/18/2014	Date of Injury:	01/25/2012
Decision Date:	08/26/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	05/30/2014

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 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 case of a 50 year old female [REDACTED] with a date of injury on 1/25/2012. She reportedly slipped in water in the office kitchen and grabbed the sink/counter with both hands. She suffered both low back and right shoulder injuries. She was laid off on 5/5/2012. She has completed 6 chiropractic sessions and 6 acupuncture sessions. Based on a physician note from 5/3/2014 with [REDACTED], the patient reported cervical spine pain 6/10, lumbar spine pain 8-9/10 radiating to both legs and toes and numbness and tingling as well. The patient was currently taking Soma 350mg, Norco 10/325 mg and Naproxen 550 mg. On a physical exam, the patient performed heel to toe walk with some difficulty secondary to low back pain. There is decreased lordosis. There is also tenderness and spasm noted over the cervical paraspinal muscles extending to the bilateral trapezius, left greater than right. Axial head compression was positive bilaterally. Spurling's sign was positive bilaterally. There is facet tenderness to palpation over C4 through C7 and restricted range of motion for flexion/extension and right rotation. There is left shoulder pain over the AC joint and restricted right shoulder range of motion with positive impingement sign on the right. There is also a decreased sensation over the C6 and C7 dermatomes bilaterally. Diffuse tenderness to palpation noted over the lumbar paraspinal muscles and moderate facet tenderness to palpation over L4 to S1. Restricted lumbar range of motion noted with lateral bending, flexion and extension. There is also decreased sensation noted over the L4, L5, and S1 dermatomes bilaterally. Motor strength was 4/5 bilaterally for big toe extensors and knee extensors. The patient has the diagnosis of cervical disc disease, cervical radiculopathy, left shoulder impingement syndrome, lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

Decision rationale: Based on MTUS Guidelines, Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Soma is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate. Soma is now scheduled in several states but not on a federal level. 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. In regular abusers, the main concern is the accumulation of Meprobamate. In this case, the patient has been on Soma for at least several months and the request is for an unlimited amount of Soma 350mg. Based on MTUS Guidelines and review of the medical records, the request for Soma 350 mg is not medically necessary.