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| Case Number: | CM14-0087832 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 07/31/1997 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 05/22/2014 |
| Priority: | Standard | Application Received: | 06/11/2014 |

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 64-year-old female with date of injury of 07/31/1997. The listed diagnoses per Dr. [REDACTED] dated 05/02/2014 are: 1. Cervical spine herniated disk. 2. Bilateral carpal tunnel syndrome. 3. Cubital tunnel syndrome, bilateral elbows. According to this report, the patient complains of persistent pain in the cervical spine. She also reports pain in both of her wrist, right greater than the left. She has radiating pain extending to both hands. The objective findings show flexion and extension are 20 degrees in the cervical spine. Tenderness and spasms are palpable over the paravertebral musculature and trapezial musculature bilaterally in the cervical spine. Flexion and extension are 50 degrees in the bilateral wrists. There is effusion present. There is a volar ganglion cyst on the left wrist. Decreased sensation is noted in the bilateral hands. The utilization review denied the request on 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA TABLETS 350 MG: Upheld

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

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

Decision rationale: This patient presents with cervical spine pain and bilateral wrist pain. The treating physician is requesting Soma tablets 350 mg. The MTUS Guidelines page 21 on carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule IV controlled substance). The records show that the patient was prescribed Soma in April 2014. In this case, MTUS does not support the long-term use of Soma. The request is not medically necessary.