

Case Number:	CM14-0091025		
Date Assigned:	07/25/2014	Date of Injury:	01/21/2009
Decision Date:	09/30/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/16/2014

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:

This patient is a 57 y/o female who has developed persistent cervical and shoulder pain subsequent to an injury dated 1/21/09. She has been diagnosed with cervical strain with a left sided radiculitis. She has also been diagnosed with a left shoulder impingement. She is treated with medications that include Naprosyn and Soma TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg one tablet three times daily as needed: Upheld

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

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

Decision rationale: MTUS Guidelines are very specific that Carisoprodol (Soma) is not a recommended medication. The activity of Soma is based on its primary metabolite Meprobamate which is a sedative and addictive. There are other muscle relaxants that are Guideline supported for short term use. There are no unusual circumstances to justify an exception to Guideline recommendations. The Soma TID is not medically necessary.