

Case Number:	CM14-0167712		
Date Assigned:	10/15/2014	Date of Injury:	02/20/2003
Decision Date:	01/09/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/10/2014

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 Emergency 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:

Patient with reported date of injury on 2/20/2003. No mechanism of injury was documented. Patient has a diagnosis of bilateral upper extremity overuse syndrome, bilateral upper extremity complex regional pain syndrome, thoracic/cervical spine sprain/strain and depression/anxiety. Medical reports reviewed. Last report available until 9/2/14. Patient complains of neck, mid and low back pain. Patient also has baseline R upper extremity pain. Objective exam reveals tenderness to posterior cervical, thoracic and lumbar musculature bilaterally with decreased range of motion. No imaging or electrodiagnostic reports were provided for review. Patient is on Xanax, Gabapentin/Ketoprofen gel, Vicoprofen 6-8tablets a day and Soma. Independent Medical Review is for Soma 350mg #30. Prior UR on 9/16/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Muscle Relaxants

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

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.