

Case Number:	CM14-0191256		
Date Assigned:	11/25/2014	Date of Injury:	02/09/2012
Decision Date:	01/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 46 year old injured worker with date of injury of 02/09/2012. Medical records indicate the injured worker is undergoing treatment for chronic cervical and lumbar strain with radiation to the upper extremity, right shoulder stain with impingement, right elbow strain, sleep disorder and gastritis. Subjective complaints include cervical spine, lumbar spine, left shoulder and left wrist pain, neck and left wrist pain rated 8/10 lower back and left shoulder rated 5/10. Objective findings include decreased range of motion to the lumbar spine, right shoulder, cervical spine and bilateral wrists; decreased strength and sensation bilaterally at C5, C6 and C7; tenderness to lumbar paraspinals, right greater than left; positive Kemp's sign bilaterally; right shoulder tenderness over the acromioclavicular joint; Neer's impingement and Hawkins' impingement were positive; tenderness over the right medial epicondyle; decreased grip strength and sensation at the median nerve distribution in bilateral wrists. Treatment has consisted of Prilosec, Soma and Restoril. The utilization review determination was rendered on 11/04/2014 recommending non-certification of Soma 305mg, quantity #60 tablet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, quantity #60 tablet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 29,63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle Relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol)

Decision rationale: MTUS states regarding Carisoprodol, "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). Carisoprodol 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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." ODG states that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. This medication is not indicated for long-term use." The injured worker has been on the medication since at least 04/14/2014. Tapering of Soma was recommended by previous reviewer. Guidelines do not recommend long term usage of Soma. The treating physician does not detail circumstances that would warrant extended usage. As such, the request for Soma 350mg, quantity #60 tablets is not medically necessary.