

Case Number:	CM14-0217811		
Date Assigned:	01/07/2015	Date of Injury:	06/27/2011
Decision Date:	04/21/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 injured worker is a 47 year old female, who sustained an industrial injury on 06/27/2011. She has reported subsequent neck and shoulder pain and was diagnosed with cervical spine musculoligamentous sprain/strain and status post right shoulder arthroscopy and rotator cuff repair. Treatment to date has included oral and topical pain medication, bio-behavioral pain management, cognitive restructuring and surgery. In a progress note dated 11/25/2014, the injured worker complained of constant neck pain with radiation to the right arm that was rated as 8-9/10 with numbness and tingling. Objective findings were notable for restricted range of motion of the neck, positive cervical compression and Spurling's maneuver on the right side, weakness on abduction and external rotation on the right side and decreased sensation throughout the right upper extremity. The physician noted that Soma was being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma (Carisoprodol) 350mg as needed #60: Upheld

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

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 (AHFS, 2008). This medication is not indicated for long-term use". Although the patient says that she has been using Soma intermittently, she has been using it for six months or more. Further refills of Soma are not medically necessary. As such, the request for Soma (Carisoprodol) 350mg as needed #60 is not medically necessary.