

Case Number:	CM15-0135341		
Date Assigned:	07/23/2015	Date of Injury:	02/18/2009
Decision Date:	08/20/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 78 year old male, who sustained an industrial injury on February 18, 2009. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervicalgia, left shoulder impingement syndrome, cervical spine sprain/strain, herniated cervical disc, left wrist internal derangement, status post right shoulder rotator cuff injury, left hand tendinitis, carpal tunnel syndrome, status post left shoulder manipulation under anesthesia, left elbow sprain/strain, lateral epicondylitis, symptoms of anxiety and depression and symptoms of insomnia. Treatment to date has included diagnostic studies, surgery and medications. On March 4, 2015, the injured worker complained of pain in the neck with radicular symptoms into the right and left arm. The symptoms were noted to be aggravated with lifting. The treatment plan included medications and a follow-up visit. On June 15, 2015, Utilization Review non-certified the request for Carisoprodol 350 mg #60, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg Qty 60, 30 day supply, (retrospective DOS 6/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Carisoprodol (Soma) Page(s): 63-65.

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

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.