MAXIMUS Federal Services

Case Number:	CM15-0161949		
Date Assigned:	08/27/2015	Date of Injury:	05/02/2013
Decision Date:	09/30/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/17/2015

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 44 year old male with a May 2, 2013 date of injury. Current diagnoses include cervical radiculopathy; hyperlordosis of the cervical spine; and severe tendinosis of the distal supraspinatus tendon. Treatments to date have included imaging studies, acupuncture, medications, physical therapy, and work restrictions. A handwritten progress note dated June 26, 2015 documented continued complaint of neck and right shoulder pain. Objective findings included tenderness to palpation of the cervical paraspinal muscles radiating to the right trapezius and shoulder; spasm with cervical range of motion; positive cervical compression test. The treating physician documented a plan of care that included Soma 350mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tab at night #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Carisoprodol; Muscle relaxants (for pain); Weaning of Medications Page(s): 29, 63-5, 124.

Decision rationale: Carisoprodol is a centrally acting skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, Carisoprodol is not recommended by the MTUS for use to treat pain as it is metabolized to meprobamate, a barbiturate and a schedule-IV controlled substance. If this medication is used, it is only indicated for short-term use. This patient has been on carisoprodol therapy for over 4 months. There is no indication to continue use of this medication. Since a withdrawal syndrome has been associated with use of this medication weaning is recommended. Medical necessity for continued use of this medication has not been established. Therefore, the request is not medically necessary.