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| Case Number: | CM15-0202374 | | |
| Date Assigned: | 10/19/2015 | Date of Injury: | 09/28/1998 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 09/29/2015 |
| Priority: | Standard | Application Received: | 10/14/2015 |

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: Texas, Florida, 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:

The injured worker is a 63 year old female who sustained an industrial injury 09-28-98. A review of the medical records reveals the injured worker is undergoing treatment for spinal pain associated with facet capsular tears, recent rib fractures status post fall from upper extremity weakness, recurrent falls related to right knee anterior cruciate ligament laxity, motor vehicle collision with increase in lumbar and cervical spine pain, and worsening intra articular knee pain. Medical records (09-21-15) reveal the injured worker complains of back pain rated at 9/10. The physical exam (09-21-15) reveals findings for epicondylitis bilateral and carpal metacarpal syndrome, decreased light touch sensation in the left L5 dermatome, and pain over the hardware bilaterally in the lumbar spine. There was pain with rotational extension indicative of facet capsular tears bilaterally and secondary myofascial pain with triggering, ropey fibrotic banding and spasm bilaterally, as well as marked worsening of pain and tenderness along the mid aspect of the wrist. Prior treatment includes radiofrequency T12, L1, L2 medial branch nerves, status post right ankle fracture, status post cervical fusion, status post right shoulder surgery, status post bilateral carpal tunnel release and bilateral de Quervain's release, status post bilateral elbow tendon release, status post neurolysis procedure of the medial branch nerve bilaterally at L2, L3, L1, and T1; and medications. The original utilization review (09-29-15) non certified the request for Soma 350mg #150. The documentation supports that the injured worker has been on Soma since at least 03-27-15. There was no documentation of aberrant behavior, drug abuse, or diversion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg QTY: 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: The MTUS notes regarding Soma, also known as carisoprodol: 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. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004) Soma is not supported by evidence-based guides. Long term use of carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request was appropriately non-certified, not medically necessary.