

Case Number:	CM15-0210466		
Date Assigned:	10/29/2015	Date of Injury:	02/04/2004
Decision Date:	12/15/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/26/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 49-year-old female who reported an industrial injury on 2-4-2004. Her diagnoses, and or impressions, were noted to include: cervical spine disc syndrome with strain-sprain, poly-radiculopathy and spinal stenosis; bilateral carpal tunnel syndromes and bilateral double crush syndromes, and right shoulder rotator cuff syndrome with neuropathy; lumbosacral spine disc syndrome with strain-sprain disorder and radiculopathy; and bilateral upper extremity complex regional pain disorder. No imaging studies were noted. Her treatments were noted to include medication management with toxicology studies (4-9-15, 7-8-15), and rest from work. The progress notes of 9-2-2015 reported unchanged, sharp, stabbing pain, with stiffness, weakness, numbness, paresthesia and generalized discomfort to the neck and upper extremities, with good but partial response to medication. The objective findings were noted to include: reduced cervical, thoracic and lumbosacral spine, and right shoulder, range-of-motion; tender, painful bilateral cervical and lumbosacral para-spinal muscular spasms; and stage II bilateral hand-shoulder syndrome with dystrophic hands. The physician's requests for treatment were noted to include Soma 350 mg as needed, #90, for relief of painful, muscular spasms. The Request for Authorization, dated 9-2-2015, was noted to include: Soma 350 mg, #90, for cervical disc displacement without myelopathy. The progress notes of 8-5-2015 noted Soma 350 mg as needed, #120, for relief of painful, muscular spasms, though the 8-5-2015 Request for Authorization noted Soma 350 mg, #60. The Request for Authorization, dated 9-2-2015, was noted to include Soma 350 mg, #90. The Utilization Review of 9-28-2015 modified the

request for Soma 350 mg, #90, to #80 for the purpose of tapering to cessation by decreasing dosage by 10% every 2-4 weeks (certified duration 3 months to achieve wean).

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain), Weaning of Medications.

Decision rationale: Soma (carisoprodol) is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing neck and arm pain with stiffness, numbness and tingling, and weakness. The recorded pain assessments did not include many of the elements recommended by the Guidelines. These records reported the worker had used this medication for at least a month. Further, there was no discussion suggesting a recent flare-up of long-standing lower back pain or describing special circumstances that sufficiently supported this request for long-term use. In the absence of such evidence, the current request for 90 tablets of Soma (carisoprodol) 350mg is not medically necessary. Because of the increased risks with prolonged use and the lack of documented benefit, an appropriate taper should be able to be completed with the medication available to the worker.