

Case Number:	CM15-0221042		
Date Assigned:	11/16/2015	Date of Injury:	08/31/2013
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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: Indiana, 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 40 year old female who sustained an industrial injury on 08-31-2013. A review of the medical records indicated that the injured worker is undergoing treatment for chronic shoulder pain, neck pain, headaches and chronic lumbar myofascial pain. The injured worker is status post right shoulder arthroscopy with subacromial decompression with partial distal claviclectomy on 02-16-2015. According to the treating physician's progress report on 10-01-2015, the injured worker continues to experience shoulder pain radiating to the cervical area causing headaches. Examination of the cervical spine demonstrated diffuse tenderness in the sternocleidomastoid to the right of the midline with full range of motion. The right shoulder examination noted negative impingement signs. Range of motion was documented as abduction to 160 degrees, forward flexion to 160 degrees, external and internal rotation to 70 degrees each and extension and adduction to 10 degrees each. Prior treatments have included diagnostic testing, surgery, physical therapy and medications. Current medications were listed as Norco, Anaprox and Protonix. Treatment plan consists of the current request for Soma 350mg #30. On 11-02-2015 the Utilization Review determined the request for Soma 350mg #30 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). 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." Soma is not recommended for longer than a 2 to 3 week period. The request for Soma 350MG, #30 is in excess of the guidelines. As such, the request Soma 350MG, #30 is not medically necessary.