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| Case Number: | CM15-0086855 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 10/29/1998 |
| Decision Date: | 06/19/2015 | UR Denial Date: | 04/08/2015 |
| Priority: | Standard | Application Received: | 05/06/2015 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 61 year old female, who sustained an industrial injury on 10/29/1998. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include chronic neck pain with degenerative disc disease, myofascial pain in neck and upper extremities, bilateral epicondylitis, and migraine headaches. Treatments to date include analgesic, muscle relaxer, topical patches, heated cervical collar, and trigger point injection. Currently, she complained of neck and arm pain and headaches. On 3/24/15, the physical examination documented bilateral trapezius tenderness and decreased cervical spine range of motion. She reported not taking medications regularly due to being low on medications or being out of medications. She reported staying in bed some days secondary to pain. Pain was rated 7-8/10 VAS. The plan of care included Soma 350mg one tablet up to four times a day as needed, quantity #360 for a three-month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120 (2 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. 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. The requested number of Soma is in excess of guideline recommendations. Guidelines do not recommend long-term usage of SOMA. Treating physician does not detail circumstances that would warrant extended usage. As such, the request for Soma 350mg #120 (2 refills) is not medically necessary.