

Case Number:	CM14-0114647		
Date Assigned:	09/18/2014	Date of Injury:	08/18/2004
Decision Date:	10/16/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old woman with a date of injury of 8/18/04. She was seen by her physician on 5/23/14 with complaints of 8/10 pain in her neck and right shoulder. She used vicodin and soma for spasm and she was able to work full time. Her exam showed a blood pressure of 148/90 and pulse of 64. Her neck extension and flexion were 25 degrees. Her right upper extremity abducted to 140 degrees. Her diagnoses included discogenic cervical condition with MRI showing disc disease, EMGs being benign, associated with headaches and shoulder girdle involvement, impingement syndrome of right shoulder and weight gain of 20lbs, issue of sleep, depression, sexual dysfunction, GERD, constipation, concentration issues and hypertension which she attributes to pain. At issue in this review is the continuation of soma for spasms. Length of prior therapy is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol Tab 350mg #60 (30-day supply) with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 and 63-66.

Decision rationale: According to guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use can lead to dependence. The doctor visit note from May of 2014 fails to document any improvement in pain, functional status or side effects to justify ongoing use. Muscle spasm is also not documented. The records do not support medical necessity for continued soma prescription.