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| Case Number: | CM14-0131635 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 10/15/2013 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 07/15/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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 Family Medicine and is licensed to practice in California. 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 patient is a 32-year-old female who has submitted a claim for cervical intervertebral disc derangement, cervical stenosis, cervicgia, and cervical radiculopathy associated with an industrial injury date of 10/15/2013. Medical records from 04/28/2014 to 08/08/2014 were reviewed and showed that patient complained of neck pain graded 8/10 radiating down the left upper extremity. Physical examination revealed cervical tenderness, MMT of left deltoid, biceps, and brachioradialis was 4/5, intact sensation to light touch of upper extremities, and positive Spurling's exam on the left. MRI of the cervical spine dated 05/01/2014 revealed left C5-6 paramedian acute disc herniation with moderate left-sided foraminal stenosis. Treatment to date has included transforaminal ESI, physical therapy, chiropractic treatment, Soma 350 mg #24 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, 2014 web based edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29,65.

Decision rationale: According to pages 29 and 65 of CA MTUS Chronic Pain Treatment Guidelines, carisoprodol (Soma) is not indicated for long-term use. The medication is not recommended for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In this case, the patient was prescribed Soma 350mg #24 since 05/01/2014. Physical exam findings did not reveal presence of muscle spasms to support use of muscle relaxant. Moreover, the long-term use of Soma is not in conjunction with guidelines recommendation. There was no discussion as to why variance from the guidelines is needed. Therefore, the request for Soma 350mg #30 is not medically necessary.