

Case Number:	CM14-0148509		
Date Assigned:	09/18/2014	Date of Injury:	02/11/2007
Decision Date:	10/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 54-year-old female, who has submitted a claim for impingement syndrome of the right shoulder with rotator cuff tendinitis; disc bulge at the lumbar spine with right sided sciatica associated with an industrial injury date of February 11, 2007. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right shoulder and low back pain. Examination of the lumbar spine showed spasm in the lower lumbar region, associated with pain with motion. There is paraspinal muscle tenderness noted. ROM (range of motion) of the lumbar spine on flexion was 45 degrees, on extension at 20 degrees, lateral bend to the right was 20 degrees and lateral bend to the left was 20 degrees. Examination of the shoulders showed tenderness on the acromioclavicular joint. Neer and Hawkins were positive. ROM of the right shoulder was as follows: flexion at 150 degrees, abduction at 100 degrees, internal rotation at 60 degrees and external rotation at 60 degrees. Treatment to date has included aquatic therapy, anaprox, Neurontin, Norco, Protonic, Soma (since 2014), Xanax and Flexeril (since 2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29,65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol)

Decision rationale: As stated on pages 29 and 65 of MTUS Chronic Pain Medical Treatment Guidelines, Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. In this case, the patient has been on muscle relaxant, Flexeril, since April 2014. Progress notes revealed that the patient had no functional improvement. Likewise, the duration and frequency of medication use was non-specific. In addition, abuse has been noted for sedative and relaxant effects. It is unclear why two muscle relaxants are needed in this case. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. Therefore, Soma 350mg #60 is not medically necessary.