

Case Number:	CM14-0181856		
Date Assigned:	11/06/2014	Date of Injury:	09/27/2001
Decision Date:	12/15/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational 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 applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for chronic thumb, elbow, shoulder, and wrist pain reportedly associated with an industrial injury of September 27, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; left and right carpal tunnel release surgery; earlier shoulder surgery; opioid therapy; and muscle relaxants. In a utilization review report dated October 9, 2014, the claims administrator partially approved a request for Soma (Carisoprodol) reportedly for weaning or tapering purposes. The claims administrator stated that it was basing its decision on clinical progress notes of October 9, 2014, September 2, 2014, and March 4, 2014, none of which were incorporated into the independent medical review packet. The claims administrator suggested that the applicant had been using Soma for long-term use purposes, as early as October 2013. In a progress note dated May 18, 2003, it was acknowledged that the applicant had multifocal pain complaints, including elbow pain, shoulder pain, thumb pain, and fibromyalgia. The applicant was given refills of Elavil and Vicodin on this occasion, it was acknowledged. The applicant was permanent and stationary, it was suggested. In a January 8, 2004, medical-legal evaluation, it was acknowledged that the applicant had last worked in September 1999. Work restrictions were endorsed. The applicant was given diagnoses of thumb arthritis, shoulder adhesive capsulitis, elbow epicondylitis, and carpal tunnel syndrome status post left and right carpal tunnel release surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 2 HS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Topic Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes. Here, the information on file, namely, the claims administrator's utilization review report, suggested the applicant has been using Soma for a span of at least one year, since October 2013, in conjunction with opioid agents, including Vicodin. This is not an MTUS-endorsed role for Soma (Carisoprodol). While it is acknowledged that the progress notes on which the article in question was sought were not seemingly incorporated into the independent medical review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.