

Case Number:	CM15-0120774		
Date Assigned:	07/01/2015	Date of Injury:	01/22/2007
Decision Date:	08/04/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/22/2015

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: California

Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 1/22/07. The diagnoses have included status post anterior cervical discectomy and fusion, cephalgia, status post 3 left shoulder surgeries, recurrent rotator cuff tear, bilateral carpal tunnel and sleep disturbance. Treatment to date has included medications, activity modifications, and diagnostics, off work, 3 shoulder surgeries, cervical fusion surgery, spine specialist consult, spinal cord stimulator, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 4/30/15, the injured worker complains of neck and left shoulder pain and difficulty sleeping due to pain. The physician notes that he requires a pain management specialist due to his narcotic medications. The diagnostic testing that was performed included computerized axial tomography (CT scan) scan of the cervical spine, electromyography (EMG) /nerve conduction velocity studies (NCV) of the upper extremities, and x-rays of the cervical spine. The objective findings reveal mild acromioclavicular joint (AC) tenderness on the left, with cross body adduction, the pain is more lateral. There are positive Neer's and Hawkin's signs. He has 150 degrees of forward flexion and 4/5 strength with supraspinatus. The physician requested treatment included Soma 350mg #60 1 tab by mouth every 12 hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 1 tab by mouth every 12 hours as needed: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Carisoprodol (Soma) is not recommended. The MTUS guidelines state that this medication is not indicated for long-term use and 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. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a Las Vegas Cocktail); and (5) as a combination with codeine (referred to as Soma Coma). The MTUS guidelines also note that there was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. The request for this medication is not supported and modification has been rendered on Utilization Review to allow for weaning. The request for Soma 350mg #60 1 tab by mouth every 12 hours as needed is not medically necessary and appropriate.