

Case Number:	CM15-0123841		
Date Assigned:	07/08/2015	Date of Injury:	06/10/1998
Decision Date:	08/04/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/26/2015

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: Physical Medicine & Rehabilitation

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 64 year old male, who sustained an industrial injury on 6/10/1998. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar degenerative disc disease, neck and right shoulder pain, right sacroiliac joint pain, and right knee pain. Treatment to date has included rotator cuff repair, steroid injections, and medications. Currently, the injured worker complains of pain in his low back, right hip, and right shoulder/ Pain was rated 7/10 and unchanged since last visit. He reported having decreased right shoulder range of motion and more feelings of impingement. He reported that his current medications were well tolerated and keeping his pain, anxiety, and depression under control. His Norco reduced pain from 8-9/10 to 4-5/10 and lasted for 6 hours. Ibuprofen reduced joint inflammation by about 50% and Soma reduced muscle spasms and tightness by about 50%. Cymbalta managed his depression, mood, and anxiety. It was documented that he was walking more in warmer weather and did get activity in when he watched his grandchildren. The use of Soma was noted since at least 10/2014. Urine toxicology was not noted. His work status remained "disabled".

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tablet every six hours as needed quantity 120: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 1998 with use since at least October 2014. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Soma 350mg 1 tablet every six hours as needed quantity 120 is not medically necessary and appropriate.