

Case Number:	CM15-0041386		
Date Assigned:	05/05/2015	Date of Injury:	12/10/1998
Decision Date:	06/03/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71 year old female, who sustained an industrial injury on December 10, 1998. She reported right shoulder pain. The injured worker was diagnosed as having cervical disc disease, right upper extremity pain and right shoulder pain. Treatment to date has included diagnostic studies, conservative therapies, medications and activity restrictions. Currently, the injured worker complains of continued right shoulder pain, right upper extremity pain, sleep disruptions and neck pain. The injured worker reported an industrial injury in 1998, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on December 2, 2014, revealed continued pain as noted. A sleep aide was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), p29 Page(s): 29.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1998 and continues to be treated for right shoulder and upper extremity pain. When seen, pain was rated at 7/10. She was having headaches and difficulty sleeping. Physical examination findings included decreased right upper extremity strength with hyperactive reflexes. Soma was being prescribed at a long-term basis and was refilled. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma is not medically necessary.