

Case Number:	CM15-0061274		
Date Assigned:	05/15/2015	Date of Injury:	03/22/2001
Decision Date:	06/17/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/31/2015

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 78 year old female, who sustained an industrial injury on March 22, 2001. The injured worker was diagnosed as having left shoulder glenohumeral joint degenerative joint disease (DJD) and rotator cuff tendinitis, left first CMC hemiarthroplasty with loosening of implant, left carpal tunnel release, right patella fracture, cervical degenerative disc disease (DDD) with fusion, lumbar spondylolisthesis and chronic pain. Treatment and diagnostic studies to date have included surgery and medication. A progress note dated March 10, 2015 provides the injured worker complains of left shoulder pain. She is opting to not pursue surgical intervention at this time. The plan includes injection, home care evaluation, home care services, Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 325 mg, 100 count with four refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Section.

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 ██████████ Cocktail); & (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 Soma 325 mg, 100 count with four refills is not medically necessary and appropriate.