

Case Number:	CM15-0072504		
Date Assigned:	04/22/2015	Date of Injury:	01/30/2004
Decision Date:	05/27/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/15/2015

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: Preventive Medicine, Occupational Medicine

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 60-year-old male who sustained an industrial injury on 01/30/2004. Diagnoses include sprains and strains of the neck and cervical radiculopathy. Treatment to date has included diagnostic studies, medications, heat, and massage. A physician progress note dated 02/19/2015 documents the injured worker complains of ongoing pain in his neck that radiates to his shoulder blades and lower back. He rates his pain a 7 on a scale of 0-10, and it is constant. He complains of difficulty sleeping due to pain and he has anxiety and spasms. Cervical range of motion: forward flexion is 10 degrees, extension is 10 degrees, rotation to the left is pain limited, rotation to the right is pain limited, and lateral bending to the left and right is pain limited. Paresthesia to light touch is noted in the 1-4 digits on the right. Tinel's sign at the elbows and wrists bilaterally are positive. He takes the Soma at night for his frequent flare-ups of muscle spasm in the neck and shoulder area and it has been helpful and effective. He is more functional with than without medications. Attempts in the past to wean him off this medication have been unsuccessful. Treatment requested is for Soma 350mg #130.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #130: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 29.

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Patient has been taking Soma for at least as far back as six months. Soma 350mg #130 is not medically necessary.