

Case Number:	CM14-0142510		
Date Assigned:	09/10/2014	Date of Injury:	05/21/1993
Decision Date:	10/06/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is 70 y/o female who has chronic cervical pain subsequent to an injury date of 5/21/93. She is remotely removed for 2 cervical surgeries with decompression and fusion greater than 16 years ago. She is currently treated with rest, traction, cervical pillow and oral analgesics consisting of occasional Vicodin, Wellbutrin and Soma tid. He cervical pain has a radiculitis component with pain with shoulder and upper extremity radiation. There is no reported sensory or muscle tone loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

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

Decision rationale: MTUS Guidelines are very specific that Soma is not a recommended medication. This is due to the fact that the active ingredient is a metabolite of Soma and that metabolite is categorized as a minor tranquilizer with significant addictive and sedative properties. If a muscle relaxant is essential there are several other recommended muscle

relaxants that can be utilized for flare-ups. The Soma 340mg. #90 is not medically necessary on a long term basis.