

Case Number:	CM14-0110797		
Date Assigned:	08/01/2014	Date of Injury:	03/07/2012
Decision Date:	09/03/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 53 year old male was reportedly injured on 3/7/2012. The mechanism of injury was noted as pulling on a bar to tighten a C clamp. The most recent progress note, dated 7/30/2014, indicated that there were ongoing complaints of neck pain, right elbow pain, and right wrist pain. Physical examination demonstrated tenderness over C5 to C7 facets and left trapezius muscle, cervical range motion: flexion 30 degrees and extension 20 degrees with pain, right shoulder had tenderness, crepitus and limited range of motion (ROM), diminished sensation to right fourth and fifth fingers, sensory deficits in C6 to T1, and dermatomes right upper extremity. The patient ambulates without use of devices. MRI of the cervical spine in May 2014 showed cervical spine degenerative disk and facet joint disease without significant stenosis. Previous treatment included Effexor extended release (XR), Soma, Voltaren gel, Relafen and Vicodin. A request was made for Soma 350 mg qty 30 with three refills (quantity of 120) and was not medically necessary in the utilization review on 7/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30 with 3 refills QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma) Page(s): 29.

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

Decision rationale: Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate, which is highly addictive. Medical Treatment Utilization Schedule (MTUS) specifically recommends against the use of Soma due to its abuse potential. Based on the clinical documentation provided, the clinician fails to provide rationale for deviation from the Chronic Pain Treatment Guidelines. As such, this medication is not considered medically necessary.