

Case Number:	CM14-0152275		
Date Assigned:	09/22/2014	Date of Injury:	09/01/2011
Decision Date:	10/29/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/18/2014

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 Alabama. 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 patient is a 30 year old female who was injured on 06/01/2003 while performing her usual and customary work related duties. Prior treatment history has included chiropractic therapy which has helped, TENS unit, Naproxen 550, LidoPro ointment, Soma 350 mg, and heat therapy. Diagnostic studies reviewed include MRI of the cervical spine dated 06/17/2014 revealed degenerative disk disease with diffuse disc herniation eccentric to the left at C5-6 compromising the left neural foramen; mild to moderate disc protrusion eccentric to the left C4-5. Progress report dated 08/20/2014 states the patient presented with complaints of cervical pain rated as 8/10 radiating down her arms. She reported low back pain rated as 8-9/10 with radiation up the thoracic areas and down bilaterally posterior thighs and legs. ON exam, she has tenderness of the suboccipital areas and cervical paraspinal. There is decreased range of motion with forward flexion at 30 degrees; lateral flexion at 20 degrees and 15 degrees on the left. The lumbar spine revealed tenderness and decreased range of motion with forward flexion to mild tibia; extension at 5-10 degrees; Straight leg raise at 20 degrees on the left and 40 degrees on the right. She had positive Patrick test on the left. She is diagnosed with cervical radiculitis; cervical sprain/strain; and cervical neck pain. She was recommended Soma 350 mg for her muscle spasms which she has been utilizing since 06/25/2014. Prior utilization review dated 09/03/2014 states the request for Soma 350mg #30 is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 65.

Decision rationale: The above MTUS guidelines for soma state "Neither of these formulations is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. (See, 2008) (Reeves, 2003) For more details, see Carisoprodol, where it is "Not recommended." In this case, the patient has been on soma for longer than the recommended 2-3 week period, without compelling rationale to demonstrate further indication. Note from 6/25/14 and 8/20/14 reveal that the patient has been on soma for a duration greater than the recommended 3 week period. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.