

Case Number:	CM14-0153742		
Date Assigned:	09/23/2014	Date of Injury:	03/20/1998
Decision Date:	11/20/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/19/2014

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 Emergency 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:

The injured worker is a 56-year-old female who reported an injury on 03/20/1998. The mechanism of injury was not submitted for clinical review. The diagnoses included cervicalgia, cervical radiculopathy, status post cervical fusion, left shoulder glenohumeral ligament laxity, carpal tunnel syndrome, anxiety, depression, insomnia, and chronic kidney disease. The previous treatments included medication, home exercise, and surgery. Within the clinical note dated 07/21/2014, it was reported that the injured worker complained of neck and hip pain. She reported burning and shooting pain in her hands. Upon the physical examination, the provider noted the injured worker to have decreased sensation to light touch with tingling in the hands. Tenderness to palpation was noted over cervical paraspinal musculature, upper trapezius muscles, and scapular border. The provider noted a positive Tinel's in the bilateral wrists and elbows. The provider requested Soma. However, a rationale was not submitted for clinical review. The Request for Authorization form was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60, 1 twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma), Weaning of Medications Page(s): 29, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64..

Decision rationale: The request for Soma 350mg #60, 1 twice a day is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines noted that the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The injured worker has been utilizing the medication since at least 06/2014, which exceeds the guidelines' recommendation of short term use. Therefore, the request is not medically necessary.