

Case Number:	CM14-0029135		
Date Assigned:	08/25/2014	Date of Injury:	08/21/2011
Decision Date:	09/29/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/06/2014

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 Colorado. 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 31 year old female with a date of injury on August 21, 2011. On the date of the reported injury she was assisting a coworker lift a 250 pound patient and felt pain at her right scapular thoracic area. She was diagnosed with a cervical and thoracic sprain with cervical facet joint arthropathy. She underwent facet injections, a radiofrequency ablation and diagnostic testing. She was seen on July 12, 2013 for neck pain radiating to her shoulders. She is currently taking medical marijuana, Trileptal, Lamictal, Seroquel, Soma, Wellbutrin, and Nucynta. On exam, there was tenderness at the cervical paraspinal muscles and facet loading was positive. Cervical magnetic resonance imaging was reported as normal. She was given a prescription for Soma and Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #60 for the cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

Decision rationale: Soma is not recommended for chronic use. The medical treatment guidelines note that Soma is not recommended for longer than a 2 to 3 week period of time. Soma is a schedule IV sedating medication and prolonged use creates dependency. The medication potentiates the effects of other medications and side effects should be monitored closely. Therefore based on the MTUS Guidelines the request is not medically necessary.