

Case Number:	CM14-0082607		
Date Assigned:	07/25/2014	Date of Injury:	02/07/1995
Decision Date:	09/23/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/03/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in California and Washington. 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 50-year-old female with a reported date of injury of 02/07/1995. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include severe cervicogenic headache, multilevel cervical degenerative disc disease, status post 2 prior cervical spine surgeries with fusion from C3-7, cervical myofascial pain with chronic muscle spasm, and left upper extremity and cervical radicular symptoms. Her previous treatments were noted to include cervical epidural steroid injection, 2 cervical spine surgeries, trigger point injections, and physical therapy. The Progress Note dated 04/08/2014 revealed complaints of neck pain and headaches. The injured worker noted improvement in pain with the use of Morphine over Percocet and felt the medication was beneficial. The injured worker complained of severe headaches, neck pain, and swelling of the cervical spine. The injured worker reported her current pain medications had not been helpful regarding her severe headaches. The injured worker remained symptomatic with muscle spasms, although she felt Soma had been helpful. The injured worker rated her overall improvement at 10% including the headaches as well as upper extremity symptoms. The physical examination noted 1 to 2+ muscle spasms to the cervical spine. There was hypoesthesia in the C5 dermatome, left greater than right. The Request for Authorization Form dated 04/25/2014 was for Soma 350mg, 4 times a day as needed for muscle spasms, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 29, 46, and 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), Pain (updated 11/6/12).

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

Decision rationale: The request for Soma 350mg #90 is not medically necessary. The injured worker has been utilizing this medication since at least 2000. The California Chronic Pain Medical Treatment Guidelines do not recommend Soma for long term use. Soma is a commonly-prescribed, centrally-acting skeletal muscle relaxant whose primary active metabolite is meprobamate. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular users, the main concern is the accumulation of meprobamate. Carisoprodol abuse has been noted in order to augment or alter the effects of other drugs. The injured worker has been utilizing this medication since at least 2000 and continues to complain of muscle spasms. The injured worker's complaints of muscle spasms would indicate the Soma is not helping; furthermore, significant evidence of decreased pain was not documented within the medical records. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.