

Case Number:	CM14-0184614		
Date Assigned:	11/12/2014	Date of Injury:	01/28/2010
Decision Date:	02/05/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/05/2014

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 Family Practice, and is licensed to practice in New Jersey. 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 40 year-old female who was injured on 1/28/10 when she reported discomfort to her wrist, elbow, and shoulder over the previous 2-3 weeks. Xrays of right elbow were unremarkable. MRI of right elbow showed moderate common extensor tendinosis without high-grade tear. MRI of the right wrist showed probably full thickness tear of the central fibers of the articular disc of the triangular fibrocartilage complex. Electrodiagnostic testing from 2/2014 showed normal results. She was diagnosed with pain in the joint involving upper arm, elbow pain, elbow lateral epicondylitis, status post revision of tennis elbow release, and radial nerve decompression. She was treated with physical therapy, occupational therapy, home exercise program, medication, revision of a tennis elbow release, and radial nerve decompression. She had an injection to her acromioclavicular joint. She had no relief with Skelaxin. Her medications included Norco, Soma, Gabapentin, Omeprazole, Mobic, and Voltaren. The current request is for continued use of Soma which was denied by utilization review on 10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

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

Decision rationale: The request for Soma is not medically necessary. This centrally-acting muscle relaxant is not indicated for long-term use and the patient has been on it since at least 5/2014. She uses it three times a day, but only when she experiences spasms. It has a high addiction potential with dangerous interactions when used with opiates, Tramadol, alcohol, benzodiazepines, and illicit drugs. The patient is currently on Norco as well. Therefore, it is not medically necessary.