

Case Number:	CM14-0202274		
Date Assigned:	12/12/2014	Date of Injury:	12/02/2010
Decision Date:	01/30/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal 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 was a 40 year old female, who suffers from a right shoulder injury sustained at work. The injured worker rates her pain as 7/10 average; 0 being no pain and 10 being the worse pain. The injured worker states the pain was intermittent, worse with work, extension grasping and keyboarding or using the mouse. The pain was better at rest. The injured worker has had three right shoulder surgeries, one right hand surgery and was diagnosed with thoracic outlet syndrome. The injured worker had been taking narcotics for a long time and was developing hyperalgesia syndrome. The injured worker was given a prescription for buprenorphine 2 mg by mouth three times daily. According to the progress note of November 21, 2014, The MRI for the cervical neck showed C4-C5 facet arthritis. The injured worker did not start physical therapy, but was doing home exercise stretching and no resistance. On November 21, 2014 the primary provider was going to request an EMG/NCV of the right arm to rule out any brachial plexopathy. According to the progress note of October 17, 2014 and October 27, 2014, the injured worker was taking Norco, Ativan, Lisinopril levothyroxine, hydrochlorothiazide and Gabapentin. According to the progress note of March 13, 2014, the injured worker has tried muscle relaxants in the past. In the documentation submitted for review there was no documentation that supported the injured worker was taking Soma or that it was ordered to be taken. On November 24, 2014 the UR denied authorization for Soma. The Soma request lacked the strength and quantity required to authorize the prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma (strength and quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that Soma is not a recommended medication and that it is a centrally acting skeletal muscle relaxant and that a major metabolite is Meprobamate which is a schedule IV medicine. It is felt that its effect is probably due to generalized sedating and anti-anxiety effects. Abuse has been noted and there is concern for the accumulation of Meprobamate. Intoxication can occur and can cause decrease in consciousness and cognition, and abnormalities in gait and motor function. A withdrawal syndrome has also been recognized with this medication. Therefore, this request is not medically necessary.