

Case Number:	CM14-0203189		
Date Assigned:	12/15/2014	Date of Injury:	03/20/2003
Decision Date:	02/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord 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 claimant has a history of a work injury occurring on 03/30/03 when, while working as a sales representative, she was involved in a motor vehicle accident where she rear ended a truck. She underwent a cervical spine fusion in June 2008 with improvement. She continues to be treated for radiating neck pain. She was seen on 07/02/14. She was having neck pain and had decreased hand strength with numbness and tingling. She was having left shoulder pain. She had radiating low back pain. Medications were Bystolic, Losartan, Hydrochlorothiazide, Lorazepam, Lyrica, Ambien, Zolof, Prilosec, Cetirizine, Ciprofloxacin, Amitiza, Amlodipine, Savella, Zanaflex, and Aspirin. Physical examination findings included cervical spine tenderness with muscle guarding. She had decreased cervical spine range of motion. Soto Hall testing was positive. There was decreased left shoulder range of motion with negative impingement testing. She had decreased lumbar spine range of motion with muscle guarding and lumbar tenderness. There was positive straight leg raising and decreased right lower extremity sensation. Authorization for acupuncture treatment was requested. EMG/NCS testing in August 2014 showed findings of mild carpal tunnel syndrome.

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
Page(s): 29, 65.

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

Decision rationale: The claimant is more 2 years status post work-related injury and underwent a cervical spine fusion in June 2008 with improvement. She continues to be treated for radiating neck pain. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. The request is not medically necessary.