

Case Number:	CM14-0205916		
Date Assigned:	12/18/2014	Date of Injury:	02/12/2013
Decision Date:	02/05/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/09/2014

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 Emergency 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:

Patient with reported date of injury on 2/12/2013. Mechanism of injury is described as lifting a heavy object overhead. Patient has a diagnosis of R cubital tunnel syndrome, pseudoarthrosis of C4-5 and C6-7, chronic neck pain and radiculopathy. Patient is post C4-5 and C6-7 spinal fusion on 1/14. Medical reports reviewed. Last report available until 11/10/14. Patient complains of neck pain and numbness radiating down arms and shoulders. Pain is 5-8/10 and improves to 3-4/10 with medications. Objective exam reveals neck pain with spasms. Decreased range of motion. Decreased C7-8 dermatomal sensation. Electrodiagnostics and imaging reports were reviewed and are not relevant to this independent medical review. Current medications include Soma, Tramadol, Motrin and Norco. Independent Medical Review is for Soma 350mg #30. Prior Utilization Review on 12/2/14 recommended non-certification. It approved motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg one tab PO QHS #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

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

Decision rationale: As per MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.