

Case Number:	CM14-0206581		
Date Assigned:	12/18/2014	Date of Injury:	07/24/2006
Decision Date:	03/30/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on 7/24/200. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included operative interventions and conservative measures. Currently, the injured worker complains of chronic neck and low back pain. She also reported numbness in her toes and hands when sleeping or driving for the last few months. Her pain level with medications was 7-8/10 and was 10/10 without medications. Physical exam noted that she moved as a unit and range of motion in the cervical spine was approximately 50% flexion, 30% extension, and bilateral bending 30%. Moderate to severe tenderness and spasm with light palpation over the posterior cervical area and bilateral trapezius and Positive Spurling's was noted. Lumbar spine showed increased tenderness and tightness across the lumbosacral area and positive straight leg raise test bilaterally. Recent radiographic imaging was not noted. Current medications were documented as Tramadol, Norco, Pennsaid, Flector patch (insurance delaying payment), Lidoderm, Neurontin, Colace, Senna, and Zofran. On 11/12/2014, Utilization Review modified a prescription request for Soma 350mg (#30 with 2 refills), weaning recommended so a one month supply approved, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain in her neck and lower back. The request is for SOMA 350MG #30 with 2 REFILLS. MTUS guidelines page 29 does not recommend Soma (Carisoprodol). This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate, a schedule-IV controlled substance. Carisoprodol is now scheduled in several states but not on a federal level MTUS page 63-66 state: Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. In this case, the utilization review letter on 11/22/14 indicates that the patient has utilized this medication. The treater does not provide documentation regarding how long the patient has been utilizing Soma or this medication's efficacy. The treater does not explain that this is to be used for short-term. Furthermore, the current request for 2 refills does not indicate intended short-term use. Given that the MTUS guidelines only support a short-term use of this medication 2-3 weeks, the request IS NOT medically necessary.