

Case Number:	CM14-0206662		
Date Assigned:	12/18/2014	Date of Injury:	04/05/2005
Decision Date:	03/05/2015	UR Denial Date:	11/27/2014
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: Maryland, District of Columbia
Certification(s)/Specialty: Internal Medicine

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 employee was a 51 year old female who sustained an injury on 04/05.2005 when she was carrying a stack of plates on her hand. She felt an explosion in her neck and between the shoulder blades. Prior treatment included cervical discectomy and fusion of C5-C6 in 2006 with subsequent revision in 2008. The employee was being treated for chronic neck complaints. The progress note from 11/10/14 was reviewed. Subjective complaints included ongoing neck pain. Soma was helpful and she used the medication a few days a week on bad days. She also used Relafen as needed. The request was for Soma. The plan of care also included refilling Relafen and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The employee was a 51 year old female who sustained an injury on 04/05.2005 when she was carrying a stack of plates on her hand. She felt an explosion in her neck and between the shoulder blades. Prior treatment included cervical discectomy and fusion of C5-C6 in 2006 with subsequent revision in 2008. The employee was being treated for chronic neck complaints. The progress note from 11/10/14 was reviewed. Subjective complaints included ongoing neck pain. Soma was helpful and she used the medication a few days a week on bad days. She also used Relafen as needed. The request was for Soma. The plan of care also included refilling Relafen and acupuncture. Carisoprodol is an antispasmodic that is used to decrease muscle spasms. MTUS guidelines recommend using this agent for no longer than 2 to 3 week period due to drowsiness, psychological and physical dependence and withdrawal symptoms. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. In this case, the employee has been on it for long term control of chronic neck pain and hence the medical necessity for Soma is not met.