

Case Number:	CM15-0003643		
Date Assigned:	01/14/2015	Date of Injury:	12/02/2013
Decision Date:	03/17/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/08/2015

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, Hawaii

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 37 year old male, who sustained an industrial injury on December 2, 2013. The diagnoses have included musculoligamentous sprain/strain cervical spine, large herniated nucleus pulposus C4-5 with extruded disc and spinal cord compression with bilateral upper extremity and lower extremity myelopathic changes and foraminal stenosis C5-69 with bilateral upper extremity C6 radiculitis. Treatment to date has included of Magnetic resonance imaging of cervical spine and mention of previous cervical surgery date and exact procedure not provided. Currently, the injured worker complains diffuse weakness, sensory changes and early changes of spinal cord compression with pathologic reflexes and hyper-reflexia. The physician's note dated October 27, 2014 states the injured worker has positive spurling sign on the right side. On December 19, 2014 Utilization Review non-certified a Soma 350mg quantity 60noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 12, 2014, the injured worker submitted an application for IMR for review of Soma 350mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Soma 350mg #60: Upheld

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

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

Decision rationale: The patient presents with pain in the shoulder region extending into both forearms with tingling and numbness to the hands, more on the right vs. left. The current request is for soma 350 mg #60. The treating physician states that the patient has a positive Spurling sign, which is consistent with tingling and numbness radiating down the arm with associated findings on the MRI. The MTUS guidelines are very clear regarding Soma which states, "Not recommended. This medication is not indicated for long-term use." Continued usage of this muscle relaxant is not supported by MTUS beyond 2-3 weeks. In this case, the treating physician prescribed Soma 350 mg, 1 tab bid prn, #60 on 10/02/14 (42). Again on 10/27/14 (57) the treating physician prescribed Soma 350 mg, 1 tab bid prn, #60. There is no compelling rationale provided by the treating physician to continue this patient on this centrally acting skeletal muscle relaxant beyond the MTUS guideline recommendation of 2-3 weeks. Recommendation is for denial.