

Case Number:	CM15-0003689		
Date Assigned:	02/03/2015	Date of Injury:	10/09/2013
Decision Date:	03/25/2015	UR Denial Date:	12/24/2014
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

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 42 year old male who sustained an industrial injury to his neck, head and right shoulder when he was struck in the forehead by a steel beam on October 9, 2013. The injured worker was diagnosed with herniated nucleus pulposus at C4-5 and C5-6, rotator cuff tear, fracture collarbone, chronic pain syndrome. There were no documented surgical interventions to date. A magnetic resonance imaging (MRI) of the cervical spine on July 29, 2014 demonstrated degenerative disc disease at C2-3 through C6-7, neural foraminal narrowing bilaterally and spinal cord entrapment at C4-5. A magnetic resonance imaging (MRI) of the right shoulder on the same date noted partial tear of the subscapularis tendon with fraying of the superior lip of the glenoid labrum and degenerative joint disease of the right acromioclavicular joint. According to the primary treating physician's progress report the patient continues to experience right sided neck and shoulder pain with weakened right hand strength and grip. Current medications include Norco and Soma. Treatment modalities have included physical therapy and medication. The treating physician requested authorization for Soma 350 mg #60 for 30 days. On December 24, 2014 the Utilization Review modified the authorization for Soma 350mg #60 for 30 days to Soma 350mg #1. According to the Utilization Review the remaining #59 tablets were non-certified. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Section.

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

Decision rationale: The patient, a 42-year-old male with an injury date of 10/09/13, presents with chronic and severe neck and right shoulder pain. The request is for SOMA 350 MG, SIXTY COUNT. The RFA provided is dated 12/10/14. Patient's diagnosis included herniated nucleus pulposus at C4-5 and C5-6, chronic pain syndrome, and right rotator cuff tear. The patient is totally temporarily disabled. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "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 prescription for Soma is noted in the progress reports dated 10/24/14 and 11/21/14. MTUS only recommends the use of this drug for 2 to 3 weeks. Review of medical records show that the patient has used this medication for at least a month. Furthermore, the current request for quantity 60 does not indicate intended short-term use. The request would exceed MTUS recommendation. Therefore, the request IS NOT medically necessary.