

Case Number:	CM15-0004791		
Date Assigned:	01/16/2015	Date of Injury:	01/25/2007
Decision Date:	03/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 58 year old female, who sustained an industrial injury on 1/25/2007. On 12/10/14, the injured worker submitted an application for IMR for review of Soma 350mg #90 (Carlsoprodol). The physician of record PR-2 dated 12/2/14 has reported the injured worker wakes up during sleep with pain in shoulders and upper neck and had headaches. Another PR-2 dated 11/3/14 from a treating psychiatrist indicates the injured worker complains of depression, crying and sleeping only 3-4 hours/night and says medication is helping. This provider is treating the injured worker for major depressive disorder, SE, Moderate and psychological factors affecting medical condition and insomnia type sleep disorder due to pain. Prior treatment is documented as pain management and psychological treatment, status post cervical three level spinal fusion (no date) and medication. The diagnoses on the claim per Utilization Review dated 12/10/14 included cervical radiculitis, status post cervical fusions and cervical myofascial pain. brachial neuritis NOS, cervical disc degeneration, post surgical state NEC, sprain shoulder/arm NOS, cervicalgia, depressive psychosis, psychic factor with other dis, insomnia in other dis, and fem genital symptoms NEC. On 12/10/14, Utilization Review non-certified Soma 350mg #90 noting "the use of this medication is not established in the presented documentation" per the MTUS 2009 Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Pain, Soma (Carisoprodol)

Decision rationale: Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is "Not recommended. This medication is not indicated for long-term use." MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period, according to MTUS. The treating physician has not provided a medical rationale to exceed guideline recommendations. As such, the request for Soma 350mg #90 is not medically necessary.