

Case Number:	CM15-0101932		
Date Assigned:	06/04/2015	Date of Injury:	04/27/2010
Decision Date:	07/08/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/27/2015

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(n) 41 year old female, who sustained an industrial injury on 4/27/10. She reported pain in her bilateral elbows, forearm, wrist and upper extremity related to repetitive injury. The injured worker was diagnosed as having left shoulder internal derangement with labral tear, bilateral wrist tendinitis, cervical facet joint arthropathy and bilateral medial epicondylitis. Treatment to date has included physical therapy, chiropractic treatments and Soma (since at least 1/22/15). As of the PR2 dated 5/12/15, the injured worker reports pain in her bilateral elbows, forearm, wrist and upper extremity. Objective findings include a positive Phalen's test in the left wrist, a positive Hawkins test in the left shoulder and restricted range of motion in the cervical spine. The treating physician noted that Soma provides 50% improvement in the injured worker's pain with 50% improvement in activities of daily living. The treating physician requested Soma 350mg #30 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Soma 350mg with 2 refills: Upheld

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

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

Decision rationale: This patient presents with bilateral elbows, forearm, wrist and upper extremity pain. The current request is for 30 Soma 350mg with 2 refills. The RFA is dated 05/19/15. Treatment to date has included physical therapy, chiropractic treatments and medications. The patient is TTD. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." Physical examination from 05/12/15 revealed positive Phalen's test in the left wrist, a positive Hawkins test in the left shoulder and restricted range of motion in the cervical spine. The treating physician noted that Soma provides 50% improvement in pain with 50% improvement in activities of daily living. This patient had been prescribed Soma since at least 10/23/14. MTUS Guidelines supports the use of Soma for short course of therapy, not longer than 2 to 3 weeks. Given this patient has been using this medication chronically, the request IS NOT medically necessary.