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| Case Number: | CM15-0130478 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 12/13/2006 |
| Decision Date: | 08/14/2015 | UR Denial Date: | 06/19/2015 |
| Priority: | Standard | Application Received: | 07/07/2015 |

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, Pain Management

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 52 year old male, who sustained an industrial injury on 12/13/2006. Diagnoses include cervical sprain, lumbar sprain, cephalgia, degeneration cervical disc, disc protrusion/bulge/herniated nucleus pulposus, and sprain shoulder/arm. Treatment to date has included medications including Soma and Norco. Per the Primary Treating Physician's Progress Report dated 5/08/2015, the injured worker reported neck pain, right shoulder pain and low back pain. Physical examination of the cervical spine revealed tenderness to palpation over the cervical paraspinal and upper trapezius musculature with reduced range of motion. Examination of the right shoulder revealed tenderness over the biceps tendon and supraspinatus insertion with reduced ranges of motion. Examination of the lumbar spine revealed tenderness to palpation and muscle spasms over the paralumbar expanse with generalized decreased range of motion and a positive straight leg raise test bilaterally at 60 degrees. The plan of care included medications and authorization was requested for Norco 10/325mg #60 Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

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

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

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as the patient continues to have persistent pain despite the use of Soma. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested carisoprodol (Soma) is not medically necessary.