MAXIMUS Federal Services

Case Number:	CM15-0139513		
Date Assigned:	07/29/2015	Date of Injury:	01/06/2009
Decision Date:	09/01/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/17/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal Medicine

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 49 year old male who sustained an industrial injury on 1/6/09. The injured worker was diagnosed as having cervical disc disease, cervical radicular symptoms, bilateral shoulder pain/stiffness, bilateral lateral epicondylitis, bilateral hand pain; probably neuropathic pain, status post explosion burn injury and anxiety disorder industrial. Currently, the injured worker reported constant pain in the neck radiation to bilateral upper limbs. Previous treatments included oral pain medication, home exercise program, nonsteroidal anti-inflammatory drugs, acupuncture treatment, physical therapy, and psychology evaluation. Previous diagnostic studies included radiographic studies and a magnetic resonance imaging. The injured work status was noted as working full time at construction. The injured workers pain level was noted as 3-4/10 with medication and 7-8/10 without medication. Physical examination was notable for cervical range of motion at 80%, no motor deficit to the upper limbs, blunting to light touch in the upper right arm/hand in the C6-7 distribution. The plan of care was for Soma tab 350 milligrams quantity of 30 supply, 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma tab 350mg #30 supply: 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; Carisoprodol (Soma) Page(s): 63, 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma) Page(s): 29, 63-64.

Decision rationale: The request is for Soma tab 350 milligrams quantity of 30 supply, 30 days. Currently, the injured worker reported constant pain in the neck radiation to bilateral upper limbs. CA MTUS states muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAID has no demonstrated benefit, although they have been shown to be useful as antispasmodics. CA MTUS guidelines do not support the chronic use of Soma. Soma is indicated only for short term use with reservation. Provider documentation dated 4/7/15 notes a renewal for Soma 350 milligrams. There is no indication for continued use of Soma in the chronic setting based upon the guideline criteria. As such, the request for Soma tab 350 milligrams quantity of 30 supply, 30 days is medically unnecessary.