

Case Number:	CM15-0141458		
Date Assigned:	08/21/2015	Date of Injury:	03/27/2014
Decision Date:	10/14/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/22/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 47-year-old male, with a reported date of injury of 03-27-2014. The mechanism of injury was the result of a motor vehicle accident. The diagnoses include cervical strain and muscle contraction and vascular, closed head injury with concussion, labyrinthine injury, cervical strain, muscle contraction and vascular headaches, and depression with cognitive impairment. Treatments and evaluation to date have included Wellbutrin, Soma (since at least 04-2015), Excedrin, Relafen, Nortriptyline, a TENS unit, and physical therapy. The diagnostic studies to date have included electrodiagnostic studies on 05-27-2015 with unremarkable findings and no evidence of cervical radiculopathy or peripheral nerve entrapment neuropathy. The progress report dated 06-04-2015 indicates that the injured worker still had skull aches with shooting pains. He felt loud sounds and constant ringing and neck stiffness that varied in degree. The injured worker rated his pain 7 out of 10. The physical examination showed normal strength, sensation, reflexes in the upper and lower extremities, and continued tenderness at the back of his head and into both shoulders. The treating physician provided a refill of Soma three times a day with one refill. The injured worker continued to be temporarily totally disabled from all work activities. The request for authorization was dated 06-19-2015. The treating physician requested Soma 350mg #90 with one refill. On 06-25-2015, Utilization Review (UR) non-certified the request for Soma 350mg #90 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it the Soma was used for several months. Long-term use can lead to addiction and side effects as noted above. The claimant was already on NSAIDS an Tricyclics. The continued use of Soma is not medically necessary.