

Case Number:	CM15-0141479		
Date Assigned:	07/31/2015	Date of Injury:	07/02/1999
Decision Date:	09/03/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, 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 46 year old male patient who sustained an industrial injury on July 02, 1999. A primary treating office visit dated January 17, 2013 reported the patient with subjective complaint of bilateral arms tingling; left foot pain re-occurs with stretching otherwise, improved, and neck pain. The treating diagnoses were: thoracic outlet neuritis; bilateral ulnar neuritis, and bilateral foot pain. The plan of care noted continuing with physical therapy session, and medications: Neurontin, Soma and Celebrex. The patient may return to a modified work duty. On 05-08-2014 at a follow up visit there was unchanged treating diagnoses and plan of care. The patient had subjective complaint of with flare up of pain in neck and shoulders and forearms with increased use during therapy on bike. The patient had received an unspecified number of the PT visits for this injury. Per the note dated 7/9/15 the patient had complaints of pain in feet, arm and neck physical examination revealed tenderness on palpation over neck and positive Tinel's sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #20 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29 and Muscle relaxants, page 63 Carisoprodol (Soma).

Decision rationale: According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety". California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications". California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short term use only, in acute exacerbations in chronic pain. Patient had a chronic injury and any objective evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. Furthermore as per the guideline; skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore the medical necessity of Soma 350mg #20 with 3 refills is not established for this patient and therefore is not medically necessary.