

Case Number:	CM15-0144734		
Date Assigned:	08/05/2015	Date of Injury:	06/03/2003
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old female who sustained an industrial injury on 6-3-2003. Her injury was caused by repetitive motion of moving her arms and shoulders. She has reported bilateral neck pain radiating to the trapezius, bilateral shoulder, and upper extremity and has been diagnosed with cervical post laminectomy syndrome, cervical radiculopathy, neuropathic pain, cervical disc herniation, cervical degenerative disc disease, cervical stenosis, status post anterior and posterior cervical discectomy and fusion. Treatment has included medications, surgery, physical therapy, medical imaging, and TENS. There was tenderness upon palpation of the cervical paraspinal muscles. Cervical range of motion was restricted by pain in all direction. Cervical extension was worse than cervical flexion. The treatment plan included Soma. The treatment request included Soma 350 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Carisoprodol (Soma®).

Decision rationale: Soma 350mg Qty: 60.00 is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term, which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma 350mg Qty 60 is not medically necessary.