

Case Number:	CM15-0149121		
Date Assigned:	08/11/2015	Date of Injury:	01/31/2006
Decision Date:	09/17/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/31/2015

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: 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 50 year old female who sustained an industrial injury on 01-31-2006. Current diagnoses include status post left 1st rib resection for thoracic outlet syndrome and rule out left shoulder pathology. Previous treatments included medications, cervical trigger point injections, and surgical intervention. Report dated 07-13-2015 noted that the injured worker presented with complaints that included intermittent headaches starting at the base of the skull and radiating up the back of the head, left shoulder pain with popping and cracking, and a stabbing sensation within the shoulder joint, and decreased use of the left arm. Current medication include tizanidine, Norco, Soma, Topamax, ibuprofen, Cymbalta, and Lunesta. Pain level was 10 (without medication) and 3-4 (with medication) out of 10 on a visual analog scale (VAS). The injured worker uses both Soma and tizanidine for muscle pain and spasms. Musculoskeletal exam was positive for about 6 prominent trigger points in the cervical area with pain throughout the left paracervical, upper trapezius and medial scapula muscles, and stiffness with range of motion. Upper extremities examination revealed left shoulder joint tenderness and subdeltoid bursa tenderness, discomfort with range of motion in the left shoulder, and decreased motor strength. The treatment plan included request authorization for a left shoulder MRI, refilled prescriptions, and follow up in 30 days. The physician noted that the injured worker did well with the reduction in Cymbalta and tizanidine, and feels she can reduce by 1 Soma per day per month. Currently the injured worker is disabled. Medical records support that the injured worker has been prescribed Soma since at least 01-28-2015. Disputed treatments include soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg tablet #90, 1 tablet TID PRN: Upheld

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

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

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. In addition, the patient has been taking Tizanidine. There is no indication for treatment with 2 muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.