

Case Number:	CM15-0164968		
Date Assigned:	09/02/2015	Date of Injury:	03/25/2003
Decision Date:	10/06/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial injury on 3-25-2003. Diagnoses include bilateral upper extremity myofascitis. Treatment to date has included medication management. Per the Primary Treating Physician's Progress Report dated 7-16-2015, the injured worker reported being unhappy that Soma was not refilled as before. She reported increased pain and tightness. Physical examination revealed dorsal tenderness, left greater than right. The plan of care included refill of Soma and remain off work. Authorization was requested for Soma 350mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), p29.

Decision rationale: The claimant sustained a work-related injury in 5/3/2003 and is being treated for bilateral upper extremity pain. When seen, there was dorsal forearm tenderness over the extensors. Tinel's testing was negative. There was no sensory deficit. Soma is being requested and has been prescribed on a long-term basis. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. The request is not medically necessary.