

Case Number:	CM15-0168712		
Date Assigned:	09/09/2015	Date of Injury:	09/06/1999
Decision Date:	10/14/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/27/2015

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 50 year old female, who sustained an industrial injury on September 6, 1999. The diagnoses have included neuropathic pain, cervical post-laminectomy syndrome, cervical radiculopathy, chronic neck pain, right shoulder impingement, chronic headache, gastroesophageal reflux disease, industrial related diabetes mellitus and diabetic peripheral neuropathy. The injured worker was not working and was noted to be on permanent disability. Current documentation dated July 28, 2015 and June 30, 2015 notes that the injured worker reported bilateral neck pain, right shoulder pain and bilateral hand pain. Examination of the cervical spine revealed tenderness to palpation of the paraspinal muscles and a restricted range of motion in all directions. Examination of the right shoulder revealed a restricted range of motion in all directions and positive impingement signs, including a Neer's sign and Hawkin's sign. Sensation was intact in all limbs. Documented treatment and evaluation to date has included medications, bilateral carpal tunnel release surgery, right shoulder surgery and a cervical fusion. Current medications include Ambien, Oxycontin, Norco, Gabapentin, Soma (prescribed since at least November of 2014), Ibuprofen and Fioricet. Medications the injured worker had tried and failed include Elavil. The treating physician's request for authorization dated August 4, 2015 included a request Soma 350 mg # 60. The original utilization review dated August 11, 2015 partially approved the request for Soma 350 mg # 30 (original request for # 60) due to long-term use of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Soma is not medically necessary per the MTUS Guidelines. The guidelines recommend against using Soma and state that it is not for long term use. The MTUS 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 already. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma is not medically necessary.