

Case Number:	CM15-0180614		
Date Assigned:	09/22/2015	Date of Injury:	01/19/1993
Decision Date:	10/30/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old female, who sustained an industrial injury on 01-19-1993. She has reported injury to the bilateral wrists. The injured worker has been treated for chronic pain syndrome; reflex sympathetic dystrophy of the upper limb; unspecified disorder of autonomic nervous system; neuralgia, neuritis, and radiculitis, unspecified; neck sprain; hand joint pain; radial nerve entrapment; carpal tunnel syndrome; tenosynovitis of hand; and ulnar neuropathy. Treatment to date has included medications, diagnostics, splinting, rest, activity restriction, physical therapy, home exercise program. Medications have included Naprosyn, Lidoderm Patch, Gabapentin, Nortriptyline, Soma, and Colace. A progress report from the treating physician, dated 08-25-2015, documented a follow-up visit with the injured worker. The injured worker reported CRPS (complex regional pain syndrome) of the wrists; her pain level today is rated 3-5 out of 10 in intensity with medications; without medication her pain is rated 7 out of 10 in intensity; the Lidoderm patches help her, as they have for years; and she reports that the benefit of the chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within a manageable level to allow her to complete necessary activities of daily living. Objective findings included she appears to be comfortable; she is alert and oriented; she has bilateral hand braces on both hands; she describes pain in her wrists and volar diffuse thumb; allodynia of radial forearms; and hypoesthesia of the palmar surface of first and second digits. The treatment plan has included the request for Soma 350mg, #30. The original utilization review, dated 09-01-2015, non-certified a request 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 350mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The 69 year old patient presents with CRPS of wrists, as per progress report dated 08/25/15. The request is for SOMA 350mg, #30. There is no RFA for this case, and the patient's date of injury is 01/19/93. Diagnoses, as per progress report dated 08/25/15 included reflex sympathetic dystrophy of the upper limb; unspecified disorder of the autonomous nervous system; neuralgia, neuritis and radiculitis; neck sprain; chronic pain syndrome; hand joint pain; radial nerve entrapment; carpal tunnel syndrome; tenosynovitis of hand; and ulnar neuropathy. Medications included Naprosyn, Lidoderm patches, Soma, Gabapentin, Nortriptyline and Colace. The reports do not document the patient's work status. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 63-66 and Muscle Relaxants section, state: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, a prescription for Soma is first noted in progress report dated 04/28/15. It is not clear when the muscle relaxant was initiated. As per progress report dated 08/25/15, medications help reduce pain from 7/10 to 3-5/10. The report also states medications along with rest and activity restriction help the patient "complete necessary activities of daily living." As per the report, medications lead to reduction in pain, increased activity tolerance, and restoration of partial overall functioning. While Soma appears to be part of a regimen that is helping the patient, MTUS does not support long-term use of muscle relaxants beyond a 2 to 3 week period. Hence, the request IS NOT medically necessary.