

Case Number:	CM15-0181988		
Date Assigned:	09/23/2015	Date of Injury:	10/15/2007
Decision Date:	10/27/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/15/2015

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 49 year old female, who sustained an industrial injury on 10-15-07. The injured worker was diagnosed as having bilateral RSI Upper extremity. Treatment to date has included medications. Currently, the PR-2 notes dated 3-10-15 is hand written and difficult to decipher. The note appears to indicated the injured worker complains of being "very stressed, continues intermittent numbness ulnar and digits left greater than right. Occasionally wakes dependent on anxiety, no Tinel's wrists, and elbows positive left greater than right, [illegible]. He documents a diagnosis of "bilateral RSI Upper extremity". His treatment plan is to refill Norco and Soma and return in office in April. A prescription was submitted for these medications. No other medical documentation was submitted. A Request for Authorization is dated 9-15-15. A Utilization Review letter is dated 8-27-15 and non-certification for Soma 350 mg 1 by mouth three times a day #90. The Utilization Review letter states "in the present case, the patient has a 2007 date of injury, and it is unclear how long that this patient's medication regimen includes the opioid, Norco. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. Therefore, the recommendation is to non-certify the request for Soma 350mg 1 PO TID #90." Utilization Review denied the requested treatment based on the CA MTUS Guidelines. The provider is requesting authorization of Soma 350 mg 1 by mouth three times a day #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg 1 by mouth three times a day #90: 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): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a repetitive motion injury with date of injury in October 2007. When seen, she had pain rated at 2-3/10 with medications. She was very stressed. Her husband had been hospitalized. She was having continued constant numbness of the left greater than right ulnar digits and was occasionally waking up depending on her activity. Physical examination findings included left greater than right elbow sensitivity. Norco and Soma were refilled. 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. Prescribing Soma is not considered medically necessary.