

Case Number:	CM15-0181994		
Date Assigned:	09/23/2015	Date of Injury:	03/10/2014
Decision Date:	11/02/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/16/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45 year old female sustained an industrial injury on 3-20-14. Documentation indicated that the injured worker was receiving treatment for lumbar spine sprain and strain, cervical spine spasm and ongoing right shoulder pain. Magnetic resonance imaging lumbar spine (7-23-14) showed 2mm bulging annulus at L5-S1 and L2-3 without disc herniation or stenosis. Previous treatment included physical therapy, injections and medications. On 6-16-15, the injured worker underwent right shoulder arthroscopy with labral repair, subacromial decompression and mini Mumford procedure. In a PR-2 dated 6-23-15, the injured worker was having "some" shoulder pain. The injured worker had been doing elbow, hand and wrist exercises. Physical exam was remarkable for well healing incisions without evidence of infection, and "stiffness" on range of motion. In a PR-2 dated 7-29-15, the injured worker reported that her back had gotten a little worse since her shoulder surgery with stiffness and spasms. The injured worker was struggling to sleep comfortably and felt that this had affected her back. The injured worker also reported that her shoulder was better and that she was ready to start therapy. Physical exam was remarkable for right shoulder with "excellent" range of motion, rotator cuff weakness, stiffness and spasm of the back and negative straight leg raise with no active radiculopathy. The treatment plan included starting postoperative physical therapy for the right shoulder, refilling Soma and requesting physical therapy for the lumbar spine. On 8-24-15, Utilization Review noncertified a request for Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Soma (Carisoprodol).

Decision rationale: Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is "Not recommended. This medication is not indicated for long-term use." MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The request for Soma 350mg, #90 is in excess of the guidelines and weaning should occur. As such, the request for Soma 350mg, 90 is not medically necessary.