

Case Number:	CM15-0189707		
Date Assigned:	10/14/2015	Date of Injury:	07/01/2008
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/25/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 7-1-08. The injured worker reported left hand discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for bilateral carpal tunnel syndrome, cervical trapezial strain and lumbar strain with radicular complaints. Provider documentation dated 8-5-15 noted the work status as remain off work until 11-15-15. Treatment has included status post left carpal tunnel release (8-31-15), status post right carpal tunnel release (April 2015), anti-inflammatory medications, wrist braces, Vicodin, radiographic studies, ultrasound, injection therapy, physical therapy, acupuncture treatment. Objective findings dated 8-5-15 were notable for positive Tinel's sign, positive Phalen's sign, and digital compression sign more on the left versus right. The original utilization review (9-9-15) denied a request for Soma 350 mg #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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short term (no more than 2-3 weeks) treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication. Furthermore, the patient is also prescribed opioids which are not recommended. The request for Soma 350mg #30 is not medically appropriate or necessary.