

Case Number:	CM15-0189722		
Date Assigned:	10/01/2015	Date of Injury:	10/23/2012
Decision Date:	11/09/2015	UR Denial Date:	09/25/2015
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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 56-year-old female who sustained an industrial injury on 10-23-2012. Diagnoses have included left-sided radicular neck pain, cervical sprain, left carpal tunnel syndrome status post release 2014, and status post left trigger thumb release 4-17-2015. Documented treatment includes medication including Norco, Naprosyn (stomach upset), and Soma since at least 3-13-2015. The treating physician's notes stated she used Soma "2+ per week." Documentation does not provide initiation date, rationale, or injured worker's response to the medication. The treating physician's plan of care includes 60 count Soma, which was modified to 15 by Utilization Review on 9-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, QTY: 60.00: 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: Per the cited CA MTUS guidelines cited, carisoprodol (Soma) is not recommended for chronic pain. Although Soma may be used as a muscle relaxer, it is only recommended for a maximum of 2 to 3 weeks, and is not recommended for long-term use. In this injured worker, she had been prescribed Soma since at least 3-13-2015, which exceeds the recommended guidelines. Furthermore, the documentation does not provide the rationale for Soma usage and the clinical response. Therefore, based on the available information and cited guidelines, Soma 350mg #60 is not medically necessary.