

Case Number:	CM15-0197253		
Date Assigned:	10/16/2015	Date of Injury:	12/13/2006
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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: Arizona, California

Certification(s)/Specialty: 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 52 year old male, who sustained an industrial injury on 12-13-2006. The injured worker was being treated for cervical and lumbar sprain, cervical disc degeneration, lumbar spine disc protrusion-bulge-herniated nucleus pulposus (without radiculopathy, no myelopathy), shoulder and arm sprain, and Huntington's disease. Medical records (8-7-2015) indicate the injured worker reported ongoing pain, stiffness, and tightness, limited range of motion of the neck with radicular pain in the bilateral upper trapezius musculature. He reported pain, stiffness, and tightness of the low back and bilateral leg weakness. In addition, he reported ongoing pain, noise, stiffness, and tightness of the right shoulder. The physical exam (8-7-2015) reveals cervical flexion of 50 degrees, extension of 35 degrees, right rotation of 45 degrees, left rotation of 30 degrees, and lateral flexion of 10 degrees bilaterally. Per the treating physician (7-10-2015 report), x-rays of the right shoulder were unremarkable. Treatment has included physical therapy for the neck, a walker, a wheelchair, and medications including Soma since at least 2-2015 and Norco. Per the treating physician 8-7-2015 report), the injured worker is to remain temporarily totally disabled. On 9-25-2015, the requested treatments included Soma 350 mg. On 9-30-2015, the original utilization review non-certified a retrospective request for Soma 350 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg Qty 60 (retrospective DOS 08/07/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: According to the MTUS guidelines, Soma is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone, which increases side effect risks and abuse potential. The use of Soma is not medically necessary.