

Case Number:	CM15-0200003		
Date Assigned:	10/15/2015	Date of Injury:	08/14/2014
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/12/2015

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 42-year-old female, with a reported date of injury of 08-14-2014. The diagnoses include cervical disc disorder and cervical radiculopathy. Treatments and evaluation to date have included Norco (discontinued), Temazepam, Soma (since at least 07-2015), Tylenol with codeine (discontinued), Celexa, Percocet, and physical therapy. The diagnostic studies to date have included an MRI of the cervical spine on 01-09-2015 which showed left and right paracentral herniated disc at C4-5, Schmorl's and Modic changes at C5-6, and broad-based herniated disc at C5-6; electrodiagnostic studies on 09-08-2015 which showed radiculitis in the right C7 distribution. The progress report dated 08-06-2015 indicates that the injured worker had pain along the bilateral shoulders, bilateral elbows, and neck. Her average pain level was rated 5 out of 10 with medications, and 8 out of 10 without medications. It was noted that the medications allowed for improvement of uncton and mood. The pain was associated with muscle spasms, numbness, tingling, and weakness. The progress report dated 09-03-2015 indicates that the injured worker had pain along the bilateral shoulders, bilateral elbows, and neck. Her average pain level was rated 4.5 out of 10 with medications and 6.5 out of 10 without medications. The physical examination (08-06-2015 and 09-03-2015) showed tenderness and spasm of the cervical paravertebral muscles bilaterally, pain in the muscles of the neck with radiation to the upper extremity with Spurling's maneuver, equal and symmetric reflexes in the upper extremities, slightly decreased sensation to pinprick at C6 bilaterally, positive bilateral Phalen's sign and Tinel's sign, and tenderness to palpation over the bilateral ulnar side. It was noted that the injured worker would use Soma for acute spasm as needed. On 08-06-2015, the

injured worker's work status was noted as temporarily totally disabled until the next appointment. The request for authorization was dated 09-30-2015. The treating physician requested Soma 350mg #60. On 09-24-2015, Utilization Review (UR) non-certified the request for Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), 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 Percocet, which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.