

Case Number:	CM15-0209875		
Date Assigned:	10/28/2015	Date of Injury:	07/09/2015
Decision Date:	12/16/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/23/2015

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: Texas, 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 48-year-old female who sustained an industrial injury on 7-9-2015 and has been treated for right shoulder strain-sprain and impingement syndrome; bicipital tendonitis; and partial tear of supraspinatus tendon. On 9-28-2015, the injured worker reported continuous aching neck pain including cracking and grinding with range of motion. Pain was noted to be aggravated by positioning and movements of her head and neck, or carrying more than 5-10 pounds. It has been radiating from the neck into her shoulders and head causing headache. She also has continuous sharp, aching shoulder pain radiating to the arm and hand, shoulder instability, and clicking; and continuous right elbow and hand pain which increases becoming throbbing and burning, and radiating up to her neck and down the arm and hand. There is also numbness and tingling in the elbows and hand, aggravated with reaching, pushing, pulling, and lifting. Pain is noted to interfere with her ability to fall and stay asleep. Activities of daily living are noted to be impaired including teeth brushing, combing hair, bathing, dressing, eating, writing, typing, physical activity, hand activity, and the ability to ride in a vehicle. She had no muscle spasm over cervical thoracic and lumbar region on 9/28/15. Objective findings noted neck stiffness and restricted range of motion; as well as in her right shoulder, and tenderness over the spinal and shoulder areas with palpation. Documented treatment includes at least 13 sessions of physical therapy, Soma, Voltaren, Tramadol, and Hydrocodone, and the physician is requesting acupuncture and an EMG-NCV studies. The patient had MRI of the right shoulder on 9/1/15 that revealed supraspinatus tendon tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. She had no muscle spasm over cervical thoracic and lumbar region on 9/28/15. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short-term use only, in acute exacerbations in chronic pain. The patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore, as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore, the medical necessity of Soma 350mg #50 is not established for this patient.