

Case Number:	CM15-0029992		
Date Assigned:	02/23/2015	Date of Injury:	05/09/2002
Decision Date:	04/06/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/18/2015

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:

This is a 38 year old female patient, who sustained an industrial injury on 05/09/2002. The diagnoses have included right wrist sprain/strain; and pain in elbow/forearm. She sustained the injury after she tripped over a mattress and fell forward while helping an individual in transfer from wheelchair to bed. Per the note dated 1/20/15, she had right upper extremity pain and numbness. Physical examination revealed wrist active range of motion- flexion right 40 and left 50 degrees. Per the doctor's note dated 10/31/2014, she had complaints of persistent right wrist/arm pain at 4/10 without medications, and 0/10 with medications. The physical examination revealed tenderness to the right wrist and right elbow lateral epicondyle; and full range of motion. Medications have included Soma, Gabapentin, and Lidoderm patches. She has had physical therapy and occupational therapy for this injury. On 01/26/2015 Utilization Review noncertified a prescription for Soma 350 mg #90 with 3 refills. The CA MTUS was cited. On 02/08/2015, the injured worker submitted an application for IMR for review of a prescription for Soma 350 mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg # 90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29 Muscle relaxants (for pain), page 64.

Decision rationale: Request: Soma 350mg # 90 with 3 refills. 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications." The CA MTUS chronic pain guidelines do not recommend soma for long term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Response to NSAIDs without muscle relaxants is not specified in the records provided. Evidence of muscle spasm or acute exacerbation is not specified in the records provided. The medical necessity of Soma 350mg # 90 with 3 refills is not established in this patient at this time.