

Case Number:	CM15-0222468		
Date Assigned:	11/18/2015	Date of Injury:	10/20/2008
Decision Date:	12/30/2015	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	11/12/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 54 year old male with a date of injury on 10-20-2008. The injured worker is undergoing treatment for bilateral carpal tunnel syndrome, chronic low back pain secondary to disc degeneration-spondylosis, chronic neck pain, chronic thoracic pain, chronic muscle spasm pain and insomnia secondary to pain. A physician progress note dated 10-29-2015 documents the injured worker complains of neck pain, spasms, thoracic pain and wrist and hand pain with numbness, and tingling and weakness in her hands. The injured worker has Norco for pain and in the past has tried to lower the Norco to 3 a day and it did not control her pain and caused disruption in her ADLs. She has mid to low back pain which becomes disabling with standing, sitting, walking bending and lifting. She has lower neck pain and it is aggravated by any use of her arms. She has occasional occipital headaches that radiate frontally. Norco allows her to function, and she uses about 4 a day. Soma continues to work well as an intermittent muscle relaxer. She rates her pain as 3-4 out of 10 with meds and 8-10 without her medications. Her meds improve the following functions: cooking, bathing, reading, standing, cleaning and her mood. Carpal compression and Phalen's sign are positive in her hands. Cervical spine range of motion is restricted and she has muscle spasms in her mid to lower cervical spine, and tenderness in the cervical paraspinals into the upper thoracic levels. There is tenderness with multiple trigger points in the levator scapulae and trapezius muscles. She has palpable spasm on the lumbar muscle fullness from L4-5 to the lumbosacral junction and range of motion is restricted. She is not working. Treatment to date has included diagnostic studies, and

medications. Current medications include Soma (since at least 01-15-2015), Celebrex, Norco, and Flector patches. The Request for Authorization dated includes Soma 350 MG Tabs Qty 60, Celebrex 200 MG Caps Qty 30 and Norco 10 MG/325 MG Tabs Qty 120. On 11-11-2015 Utilization Review modified the request for Soma 350 MG Tabs Qty 60 to Soma 350 MG Tabs Qty 23 to continue weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG Tabs Qty 60: 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), Muscle relaxants (for pain).

Decision rationale: Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is "Not recommended. This medication is not indicated for long-term use." MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The request for Soma 350 MG Tabs Qty 60 is in excess of the guidelines the prior reviewer modified the request to Soma 350 MG Tabs Qty 23 to allow for weaning. As such, the request for Soma 350 MG Tabs Qty 60 is not medically necessary.