

Case Number:	CM15-0035786		
Date Assigned:	03/04/2015	Date of Injury:	06/10/2003
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/26/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old female who sustained an industrial injury on 6/10/03. The injured worker reported symptoms in the bilateral upper extremities, bilateral shoulders, stomach and back. The diagnoses included bilateral wrist and hand tendinitis with bilateral carpal tunnel syndrome, bilateral shoulder strain, thoracolumbar strain, insomnia due to chronic pain, secondary depression due to chronic pain and intermittent gastrointestinal upset due to use of pain medication. Treatments to date include oral pain medication, activity modification, proton pump inhibitor, oral muscle relaxer, and oral benzodiazepines. In a progress note dated 1/13/15 the treating provider reports the injured worker was with "insomnia due to pain." On 1/30/15 Utilization Review non-certified the request for Soma 350 milligrams #60. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 per month rx 9/2/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma
Page(s): 29.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for a long time without clear evidence of functional improvement. There is no justification for prolonged use of Soma. The request for Soma 350mg #60 is not medically necessary.