

Case Number:	CM15-0054982		
Date Assigned:	03/30/2015	Date of Injury:	11/02/1995
Decision Date:	05/06/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/23/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female sustained an industrial injury to the right upper extremity on 11/2/95. Previous treatment included a sleep study, cervical spine surgery, right wrist brace, home exercise and medications. In a PR-2 dated 2/2/15, the injured worker complained of right elbow and wrist pain rated 8/10 on the visual analog scale with persistent numbness and tingling in the right hand. Physical exam was remarkable for tenderness to palpation over the right medial epicondyle and limited range of motion to the right elbow and wrist. Current diagnoses included cubital tunnel syndrome, status post cervical spine surgery times two and right wrist sprain/strain. The treatment plan included medications (Butalbital, Norco, Soma and Lunesta) and continuing with home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s): 63-66.

Decision rationale: The patient presents with pain in the right elbow, right wrist and right hand. The current request is for Soma 350 mg, #90. The treating physician states that the patient has mildly restricted range of motion of the right elbow and wrist. The MTUS guidelines state: Neither of these formulations (Carisoprodol [Soma, Soprodal 350, Vanadom]) is recommended for longer than a 2 to 3 week period. MTUS page 29 under Carisoprodol (Soma) states: Not recommended. This medication is not indicated for long-term use. In this case, the treating physician has prescribed a 30-day supply, which surpasses MTUS recommendation of no longer than 2 to 3 weeks. The current request is not medically necessary and the recommendation is for denial.