

Case Number:	CM15-0059206		
Date Assigned:	04/29/2015	Date of Injury:	09/26/1996
Decision Date:	05/26/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/30/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 39-year-old male who sustained an industrial injury on 09/26/1996. Diagnoses include cervicalgia. Treatment to date has included medications, occipital nerve blocks, Botox injections, psychotherapy, TENS unit, home exercise and acupuncture. Diagnostics included x-rays. According to the progress notes dated 2/4/15, the IW reported constant pain rated 6/10. His pain level was unchanged over the course of several months. A request was made for Soma 350mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain) Page(s): 29, 63-67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) section Weaning of Medications section Page(s): 29, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. The patient has been prescribed Soma

in conjunction with other meds to include opioids to control chronic pain without significant subjective relief. The use of muscle relaxants for chronic pain is not within the recommendations of the MTUS Guidelines. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. The request for Soma 350 mg #90 is determined to not be medically necessary.