

Case Number:	CM15-0082257		
Date Assigned:	05/04/2015	Date of Injury:	07/28/2008
Decision Date:	06/03/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old woman sustained an industrial injury on 7/28/2008. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 10/2/2014 and lumbar spine MRI dated 10/1/2014. Diagnoses include lumbar herniated nucleus pulposus, lumbar radiculopathy, cervical herniated nucleus pulposus, cervical radiculopathy, chronic pain, and fibromyalgia. Treatment has included oral medications, medical branch blocks, chiropractic treatment, heat, traction table, acupuncture, epidural injections, rhizotomy, and surgical intervention. Physician notes dated 3/27/2015 show complaints of unchanged symptoms and spiking sensation behind both ears and on top of her head. Recommendations include home exercise program, lumbar epidural steroid injection, Norco, Soma, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tablet every 12 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64, 65.

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

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic widespread pain. When seen, there had been no improvement after cervical facet blocks. Physical examination findings included tenderness throughout her entire body. Soma was being prescribed for muscle spasms. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.