

Case Number:	CM14-0168526		
Date Assigned:	10/16/2014	Date of Injury:	06/09/1999
Decision Date:	11/18/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 44-year-old female with a 6/9/99 date of injury. At the time (9/16/14) of the request for authorization for Soma 350mg, 1 po qid prn (per mouth 4 times daily as needed) #120 for spasm, outpatient, for chronic cervical pain, there is documentation of subjective (chronic, severe neck and arm pain, continues to report associated muscle spasm) and objective (tenderness to palpation C2-C3, decreased cervical spine range of motion, strength is decreased in the right upper extremity, and sensation is decreased in the right C5, C6, and C7) findings, current diagnoses (brachial neuritis or radiculitis NOS, cervicgia, and postlaminectomy syndrome cervical region), and treatment to date (medications including Soma for at least 8 months). Medical reports identify medications are keeping the patient functional, allowing for increased mobility, and tolerance of activities of daily living and home exercises. There is no documentation of acute muscle spasms; the intention to treat over a short course (less than two weeks); and functional benefit specifically as a result of Soma use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis or radiculitis NOS, cervicalgia, and postlaminectomy syndrome cervical region. However, there is no documentation of acute muscle spasms. In addition, given documentation of treatment with Soma for at least 8 months, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, despite documentation that medications are keeping the patient functional, allowing for increased mobility and tolerance of activities of daily living and home exercises, there is no (clear) documentation of functional benefit specifically as a result of Soma use to date. Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg, #120 is not medically necessary.