

Case Number:	CM14-0219076		
Date Assigned:	01/09/2015	Date of Injury:	08/04/2010
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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: 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 08/04/2010 while working as a vegetation specialist. He developed chronic bilateral wrist pain, shoulder pain, neck pain and low back pain from repetitive use of upper extremities. Prior treatments include physical therapy, medication, lumbar epidural steroid injections and facet injections and radio frequency ablation. They provided temporary relief to his pain. His last lumbar MRI was done on 08/2010 and showed facet hypertrophy and foraminal stenosis at lumbar 4-5 and lumbar 5-sacral 1. His last cervical MRI was done on 06/17/2011 and it showed relative straightening of the expected cervical lordosis and trace of anterolisthesis of cervical 3 and 4. Multiple EMG's of bilateral upper extremities showed mild to moderate bilateral ulnar neuropathy and moderate bilateral carpal tunnel syndrome. Currently, the IW complains of aching pain in spine and bilateral upper extremities with numbness in bilateral hands occasionally. He had previously used a TENS unit with physical therapy which was very helpful. Cervical spine range of motion was reduced secondary to pain. He had full active range of motion noted at bilateral wrists. Lumbosacral spine revealed tenderness over the paraspinal muscles and pain with reduced active range of motion in all fields. Work status is documented as currently disabled. Diagnosis was: neck pain, degenerative disc disease of the lumbar spine, degenerative disc disease of the cervical spine, carpal tunnel syndrome on sides, bilateral ulnar neuropathy and low back pain. The provider requested Soma 350 mg # 30. On 12/08/2014 Utilization Review non-certified a request for Soma noting the medication was not recommended for use in chronic pain and there is no indication for long term intake. To assist the provider in weaning and/or to present more time to

provide documentation validating the use of the requested medication, the request is partially certified to Soma 350 mg # 20. ODG and MTUS Guidelines were cited. On 12/31/2014, the injured worker submitted an application for IMR for review of Soma 350 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with chronic bilateral wrist pain, shoulder pain, neck pain, and low back pain rated 5/10. Patient also complains of intermittent upper extremity numbness and weakness. Patient is status post undated lumbar ESI and undated lumbar facet injections with radiofrequency ablation. The request is for SOMA 350MG #30. Physical examination dated 11/25/14 revealed tenderness to palpation of the cervical paraspinal muscles with reduced cervical range of motion in all planes. Lumbosacral examination revealed tenderness to the lumbar paraspinal muscles with reduced range of motion in all planes, especially flexion and extension. The patient is currently prescribed Soma. Diagnostic imaging was not included, though 11/25/14 progress report discusses several previous diagnostic findings. Lumbar MRI performed 08/2010 showing: "facet hypertrophy and foraminal stenosis at L4-5 and L5-S1..." Cervical MRI performed 06/17/11 showing: "relative straightening of the expected cervical lordosis and trace anterolistheses of C3 and C4..." Multiple undated EMG's of the upper extremities showing: "mild to moderate bilateral ulnar neuropathy and moderate bilateral carpal tunnel syndrome." Patient is currently disabled and not working. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol -Soma, Soprodal 350, Vanadom, generic available: Neither of these formulations is recommended for longer than a 2 to 3 week period." In regards to the requested Soma, the duration of this medication's utilization exceeds guideline recommendations. Progress report dated 09/30/14 indicates that this patient was seen and received a continuing refill of Soma for the management of sleep difficulties, implying that the medication was initiated at a previous date. MTUS guidelines do not support the use of such medications for periods of time longer than 2-3 weeks, however the requested refill implies a current duration of therapy spanning at least 7 weeks. Therefore, the request IS NOT medically necessary.