

Case Number:	CM15-0003060		
Date Assigned:	01/13/2015	Date of Injury:	10/14/2001
Decision Date:	03/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/06/2015

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, Washington

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:

The injured worker is a 64-year-old female who reported an injury on 10/14/2001. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post laminectomy and discectomy, facet disease and significant bilateral foraminal stenosis, status post fusion, moderate cervical disc and facet disease, status post carpal tunnel release and ulnar release of the right wrist, status post left carpal tunnel release with tendon repair, small disc herniation and facet disease with moderate central and foraminal stenosis at C5-6. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medications consist of Soma 350 mg. No UAs or drug screens were submitted for review. On 11/13/2014, the injured worker complained of low back pain and leg pain. The physical examination noted that the injured worker had difficulty changing position and getting onto the exam table. Motion was restricted and caused painful symptoms. There was guarding with motion. There was muscle spasm present. The medical treatment plan is for the injured worker to continue with medication therapy. A rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg QTY: 720.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), July 18, 2009 Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma, Carisoprodol Page(s): 29, 65.

Decision rationale: The request for Soma 350mg QTY: 720.00 is not medically necessary. The California MTUS Guidelines state that Soma is not indicated for longer than a 2 to 3 week period. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Soma abuse has also been noted in order to augment or alter effects of other drugs. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with any muscle spasms the injured worker was having. Additionally, it was noted in the submitted documentation that the injured worker had been on the medication since at least 2012, exceeding recommended guideline criteria for no longer than a 2 to 3 week period. Furthermore, the request as submitted is for Soma 350 mg with a quantity of 720, also exceeding the recommended guidelines for short term use. Given that there were no other significant factors provided to justify the use outside of current guidelines, the request would not be indicated. As such, the request is not medically necessary.