

Case Number:	CM15-0018305		
Date Assigned:	02/12/2015	Date of Injury:	02/26/2010
Decision Date:	03/26/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/30/2015

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: Indiana

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 is a 44 year old female with an industrial injury dated February 26, 2010. The injured worker diagnoses include nonunion of fracture, spinal stenosis of cervical region, cervicgia, spondylosis and allied disorders, sprain acromioclavicular, rotator cuff syndrome, pain in joint involving the shoulder region and status post posterior C6-7 fusion and decompression. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 12/10/14, the injured worker presented for a postoperative visit status post posterior C6-7 wiring and foraminotomies. Documentation noted that the injured worker denied significant arm pain or numbness. Her neck was noted to be sore in the incisional region. She reported some numbness along her iliac crest donor site, but no significant pain. The treating physician prescribed Soma 350mg, #90. Utilization Review determination on December 30, 2014 modified the request to a one month supply of Soma 350mg for weaning purposes, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Soma (Carisoprodol)

Decision rationale: Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is not recommended. This medication is not indicated for long-term use. MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The request for SOMA 350MG, #90 is in excess of the guidelines and weaning should occur. As such, the request for 1 PRESCRIPTION FOR SOMA 350MG, #90 is not medically necessary.