

Case Number:	CM15-0018614		
Date Assigned:	02/06/2015	Date of Injury:	11/08/2004
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/02/2015

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

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 54 year old female, who sustained an industrial injury on November 8, 2004. The diagnoses have included right DeQuervain's, right carpal tunnel syndrome, L4-5 spondylolisthesis, lumbar radiculopathy, left hallux rigidus, post-operative right impingement syndrome and post-traumatic stress disorder. Treatment to date has included medication. Currently, the injured worker complains of right hand numbness and tingling, low back pain, right shoulder pain, left foot pain and stiffness, dental grinding with abscess formation. She reported that her back pain radiated to her lower extremities and her foot/ankle pain was described as dull, aching and throbbing. Her pain was relieved with medication and resting. On January 7, 2015 Utilization Review modified a request for Soma Tablets 350 mg #30 to allow for weaning and/or submission of supporting documentation, noting that the medication was modified to allow for weaning. The California Medical Treatment Utilization Schedule was cited. On February 2, 2015, the injured worker submitted an application for IMR for review of Soma Tablets 350 mg #30 to allow for weaning and/or submission of supporting documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma Tablets 350mg, 1 tab orally, twice per day, 30 days #60, refills 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Carisoprodol (Soma) Page(s): 78, 29.

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

Decision rationale: According to the 12/18/2014 report, this patient presents with intractable back pain, foot pain and right shoulder pain. The current request is Soma tablets 350mg 1 tab orally, twice per day, 30 days #60, and refills 0. The request for authorization is on 12/30/2014. The patient's work status is "P&S." For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Soma #60 and this medication was first noted in the 07/31/2014 report. Soma is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.