

Case Number:	CM15-0110242		
Date Assigned:	06/10/2015	Date of Injury:	08/08/2000
Decision Date:	07/15/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/08/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59-year-old female, with a reported date of injury of 08/08/2000. The diagnoses include cervical spine strain, thoracic spine strain, possible chronic pain syndrome, lumbar spine disc rupture, right carpal tunnel syndrome, and status post left carpal tunnel surgery. Treatments to date have included oral medications. The progress report dated 09/04/2014 was hand written and somewhat illegible. The report indicates that Norco did not help, and her pain was severe. The injured worker's pain level was rated 9 out of 10. The objective findings that were documented were illegible. The treating physician requested Soma 350mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 x 3: Upheld

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

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma without clear evidence of spasm or exacerbation of pain. There is no justification for prolonged use of Soma. Therefore, the request for SOMA 350 mg #60 is not medically necessary.