

Case Number:	CM15-0111752		
Date Assigned:	06/18/2015	Date of Injury:	10/26/2011
Decision Date:	07/16/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 43-year-old male, who sustained an industrial injury on 10/26/2011. He reported falling as he was going up the stairs resulting in injury to left shoulder, left upper back and left knee with pain going down the left arm. Diagnoses include chronic left C7 radiculopathy, bilateral cervical radiculopathy; status post cervical fusion, cervical stenosis and chronic neck pain. Treatments to date include modified activity, medication management, physical therapy, and aquatic therapy. Currently, he complained of bilateral neck pain and left greater than right upper extremity pain. On 5/26/15, the physical examination documented tenderness to cervical muscles with restricted cervical range of motion. The provider documented that there was a change in the condition defined as a failed weaning attempt of the OxyContin. The plan of care included Soma 350mg tablets, one tablet four times daily as needed for muscle spasms, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg Qty: 120. 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with Hydrocodone, an effect that some abusers claim is similar to heroin. In this case, the claimant had been on SOMA for over 2 years with recent combined use with Oxycontin, which increases the risk of addiction. The use of SOMA is not medically necessary.