

Case Number:	CM15-0171286		
Date Assigned:	09/11/2015	Date of Injury:	02/16/2010
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/31/2015

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 39 year old female, who sustained an industrial injury on February 16, 2010. She reported injury to her right ankle along with neck with radiation into the right upper extremity associated with cervicogenic headaches. The injured worker was currently diagnosed as having cervical disc herniation with right upper extremity radiculopathy, right lower extremity complex regional pain syndrome, spinal cord stimulator placement, status post numerous right foot and ankle surgeries, painful IPG right buttock, status post explanation of non-rechargeable IPG with implantation of a Medtronic IPG, left lower extremity CRPS, frequent headaches intermittently becoming migrainous and reactionary depression and anxiety. Stretching, exercises, physical therapy and medications were noted to fail to control her chronic myofascial pain in the posterior lumbar musculature. A spinal cord stimulator was reported to have "excellent paresthesia coverage" to the right lower extremity. On August 13, 2015, the injured worker complained of pain in her bilateral ankles, lumbar spine and cervical spine. She reportedly ruptured her right Achilles tendon about three weeks prior to exam date. Her current medication regimen was listed to be at a "very good level" and the injured worker was noted to be "highly functioning." On the day of exam, the injured worker received four trigger-point injections. She reported greater than 50% pain relief and an increased range of motion a few minutes later. The treatment plan included Prilosec, Prozac, Imitrex, Duragesic, Roxicodone, Soma, Topamax, follow-up with orthopedic surgeon for right ankle injection, consideration for a Nevro spinal cord stimulator trial and a follow-up visit. On August 21, 2015, utilization review denied a request for Soma 350mg #90. A request for Duragesic 50mcg #15, Roxicodone 15mg #120 and Topamax 300mg #90 was authorized.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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, it was combined with Roxicodone and Duragesic which increases side effect risks and abuse potential. The claimant was also on NSAIDS. The use of SOMA is not medically necessary.