

Case Number:	CM15-0175092		
Date Assigned:	09/16/2015	Date of Injury:	12/23/2009
Decision Date:	10/16/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 12-23-2009. The injured worker was diagnosed as having aggravation of underlying cervical degenerative disc disease C5-6 with associated muscle spasm and congenital spinal stenosis C3 through C7. Treatment to date has included diagnostics and medications. Currently (7-30-2015), the injured worker complains of "a little bit of off-and-on neck pain over the last two years. Pain was not rated. Her treatment over the past 2 years, since she was last seen, was not documented. It was documented that she was taking her own Soma and paying for it through her private insurance. The duration of Soma use was not documented. She was also taking Motrin on an as needed basis. She reported an episode of severe neck pain approximately one week prior, in which she could barely hold her head up and almost went to the Emergency Department. She reported that she took Soma and tried to rest, noting that it got "a little bit better, but she is still having some persistent pain in her neck since then". Exam of the cervical spine noted significant tenderness of the paraspinal musculature in the cervical spine and the suboccipital region bilaterally, with associated muscle spasm. She had a prominent cervical lordosis, negative Spurling's test, and "normal sensation" in her upper extremities. Range of motion testing showed forward flexion 75, extension 30, left rotation 75, and right rotation 80. X-rays of the cervical spine were documented as showing mild disc degeneration at C5-6, with some slight osteophyte formation posteriorly, no evidence of significant spondylolisthesis, and facet joints posteriorly appeared intact, without evidence of arthritic change. The treatment recommendation included physical therapy for the neck, Medrol dosepak, continued use of Soma, refill of Motrin, and follow-up on an as needed basis. Her work status was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: 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: The claimant sustained a work injury in December 2009 and continues to be treated for neck and bilateral shoulder pain. She was seen two years after her previous visit. She was having persistent neck pain. Physical examination findings included significant cervical paraspinal and suboccipital tenderness with muscle spasms. There was decreased cervical spine range of motion. There was negative Spurling's testing with normal upper extremity sensation. She was referred for physical therapy. Motrin, Soma, and prednisone were prescribed. Soma (carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered more appropriate for the claimant's condition. Prescribing Soma was not medically necessary.