

Case Number:	CM15-0175773		
Date Assigned:	09/14/2015	Date of Injury:	11/21/2002
Decision Date:	10/14/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56 year old female who sustained an industrial injury on 11-21-2002. Diagnoses include cervical spondylosis with myelopathy, cervicgia and cervical radiculitis, and low back pain. A physician progress note dated 07-07-2015 documents the injured worker is complaining of neck pain. She does not have pain medications. Her arms are sore. There is decreased left hand sensation. Incisions are intact. In a progress note, dated 06-02-2015, there is documentation that she had a fall two days ago, and she is having frequent falls. Percocet and Soma prescriptions were denied. She has neck, right upper extremity, left upper extremity, back, and right and left lower extremity pain. In a progress note, dated 05-05-2015, she has continues neck pain with bilateral upper extremity pain, tingling and numbness distally. Her neck pain is constant and rated 10 out of 10. Her right upper extremity pain is rated 8-9 out of 10 and is present 75 to 100% of the time, and her left upper extremity pain is rated 7 out of 10 and it is present 75 to 100% of the time. Her medications include Percocet and Soma. Treatment to date has included diagnostic studies, medications, status post cervical fusion C4-C6, bilateral carpal tunnel release, right knee replacement and status post C3-C4, C6-C7 fusion with removal of the anterior cervical plate and C4-6 placement of intervertebral prosthetic device (total fusion C3-C7) in 06-29-2015. A cervical Magnetic Resonance Imaging done on 04-09-2015 revealed stable cervical fusion, C3-C4 left foraminal stenosis as a result of osseous hypertrophic change, C6-C7 left foraminal narrowing as a result possible of osseous hypertrophic change and disc protrusion.

Detail at this level is impaired by artifact. She is not working. The Utilization Review dated 08-11-2015 non-certified the requested treatment Carisoprodol (Soma) 350mg #120 for retrospective DOS: 07/08/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol (Soma) 350mg #120 for retrospective DOS: 07/08/15: 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: Carisoprodol (Soma) 350mg #120 for retrospective DOS: 07/08/15 is not medically necessary per the MTUS Guidelines. The MTUS guidelines recommend against using Soma and state that it is not for long-term use. The MTUS guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The guidelines do not support the use of this medication long term. There are no extenuating circumstances in the documentation that would necessitate the continued use of Carisoprodol with a quantity #120. Therefore, the request for Soma is not medically necessary.