

Case Number:	CM15-0066059		
Date Assigned:	04/13/2015	Date of Injury:	02/12/2013
Decision Date:	06/11/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 54 year old female, who sustained an industrial injury, February 12, 2013. The injured worker received the following treatments in the past Ibuprofen, Soma, Tramadol, C4-C5 and C6-C7 fusion, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities, cervical spine x-rays, right transforaminal C6-C7 transforaminal nerve root injection, nerve block on the right and left, acupuncture, home exercise program, physical therapy, random toxicology laboratory studies, TENS (transcutaneous electrical nerve stimulator) unit and cervical spine MRI. The injured worker was diagnosed with bilateral median neuropathy at the wrist (carpal tunnel syndrome), moderate severity, probable chronic right C7-C8 radiculopathy, cervicalgia and status post cervical fusion. According to progress note of March 10, 2015, the injured workers chief complaint was neck pain and numbness that radiates down themed scapular region with numbness radiating down the right upper extremity which rated the pain 3-4 out of 10 with medication and 7-8 without medication; 0 being no pain and 10 being the worse pain. The physical exam of the cervical spine was negative for tenderness with palpation and no spasms were noted. There was documentation provided of decreased range of motion. The treatment plan included a prescription renewal for Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tab PO QHS PRN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 02/12/2013 and presents with neck pain and numbness that radiates down the mid-scapular region with numbness radiating down the right upper extremity. The request is for Soma 350 mg 1 tablet p.o. q.h.s. p.r.n. #30. There is no RFA provided and the patient is temporarily partially disabled. He is on modified work duty with no repetitive lifting/pushing/pulling greater than 30 pounds. The patient has been taking Soma as early as 11/10/2014. MTUS Guidelines pages 63-66, "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2- to 3-week period." This has been noted for sedated and relaxant effects. The patient has a decreased sensory over the right C5, C6, and C8 dermatome distribution. The patient is diagnosed with bilateral median neuropathy at the wrist (carpal tunnel syndrome), moderate severity, probable chronic right C7-C8 radiculopathy, cervicalgia, and status post cervical fusion. The patient has a decreased cervical spine range of motion. MTUS recommends the requested Soma for no more than 2 to 3 weeks. In this case, the patient has been taking this medication as early as 11/10/2014, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Soma IS NOT medically necessary.