MAXIMUS Federal Services

Case Number:	CM15-0090709		
Date Assigned:	05/15/2015	Date of Injury:	02/10/2014
Decision Date:	07/21/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/11/2015

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:

This 49 year old female sustained an industrial injury on 2/10/14. She subsequently reported neck and shoulder pain. Diagnoses include cervical degenerative disc disease and cervicalgia. Treatments to date include x-ray and MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience neck and bilateral shoulder pain. Upon examination, the injured worker reported difficulty sleeping, muscle spasms and numbness to all the fingers on the right hand. Tenderness to right anterior glenohumeral and cervical paraspinous was noted. Neer and Hawkins were noted. A request for Soma medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg Qty 50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain) Page(s): 29; 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), p29 Page(s): 29.

Decision rationale: The claimant sustained a work injury in February 2014 and continues to be treated for neck and bilateral shoulder pain. When seen, there was right shoulder and cervical paraspinal muscle tenderness and muscle spasms. Impingement testing was positive. Medications previously prescribed included Flexeril. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Other muscle relaxants have been prescribed on a long-term basis. Meprobamate is Soma's 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. Prescribing Soma was not medically necessary.