

Case Number:	CM15-0095510		
Date Assigned:	05/22/2015	Date of Injury:	01/31/2013
Decision Date:	06/25/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/18/2015

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 50 year old female who sustained an industrial injury on 01/31/2013 resulting in neck pain radiating to the right upper extremity, and low back pain radiating into the right lower extremity. The Injured worker was diagnosed with cervical and lumbar disc herniations. Treatment provided to date has included: medications (gabapentin, Norco, Percocet, and Soma); trigger point injections (2); cervical epidural steroid injection; and lumbar spine surgery (04/07/2015). Diagnostic tests performed include: intra-operative electrodiagnostic testing; MRI of the lumbar spine (04/08/2014) which showed disc protrusion and retrolisthesis at C5-6 resulting in moderate/severe degree of bilateral foraminal stenosis; x-rays of the cervical and lumbar spines. Other noted dates of injury documented in the medical record include: cumulative trauma injury dates 01/31/2013-07/19/2013. There were no noted comorbidities. On 05/05/2015, physician progress report noted complaints of returning neck pain with numbness in both hands. Additional complaints include low back pain. Current medications consist of Norco, Percocet and Soma. The injured worker was noted to have been taking these medications for several months. The injured worker reported that her previous cervical epidural steroid injection reduced her pain by more than 60% for more than 6 weeks. The physical exam revealed back brace in place, clean, dry and intact surgical incision site with clean bandages. The remainder of the exam was not completed due to the injured worker's extreme acute pain. The provider noted diagnoses of cervical radiculitis, cervicgia, radiculitis, lumbosacral spondylosis without myelopathy, disorder of the trunk, and sciatica. Due to increasing pain, the injured worker agrees to the plan for the procedure. Plan of care includes a cervical epidural steroid injections at C5-6, Norco, Soma, and follow-up. Requested treatments include: Soma 350mg #60 that was modified to Soma 350mg #54.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350, Vanadom); Weaning of Medications Page(s): 65; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA Page(s): 29.

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 Hydrocodone and Oxycodone for over 6 months, which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.