

Case Number:	CM13-0015529		
Date Assigned:	10/08/2013	Date of Injury:	08/05/2010
Decision Date:	01/24/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46-year-old male with a date of injury August 5, 2010. The patient is being treated for left shoulder osteoarthritis and arthropathy. Medical records of August 1 2013 indicates there is a evaluation to decrease the patient's soma in the future. Patient has had a left shoulder arthroscopy with debridement to stable tissue of the anterior labrum: subacromial decompression and bursectomy, and open clavical excision. The patient is pending a cortisone injection in the third opinion regarding surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Soma 350mg with 3 refills, dispensed 8/1/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS Chronic Pain Guidelines on page 29 specifically state that Soma is not recommended. The records do not document muscle spasm and as the guides do not recommend this medication, it is not medically necessary and appropriate..