

Case Number:	CM13-0016881		
Date Assigned:	11/01/2013	Date of Injury:	03/29/2002
Decision Date:	04/07/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This is a 51 year-old female who was injured on 3/29/02. She has been diagnosed with status post left knee replacement on 9/14/09; pain in lower leg; pain in joint, shoulder; internal derangement left knee; pain psychogenic not elsewhere classified; lumbar disc displacement without myelopathy; neck pain; stenosis, lumbar spine; and lumbago. According to the 9/3/13 report from [REDACTED], she presents with severe shoulder pain, neck and low back pain. Without medications, the pain is 10/10, and with medications, it is 8/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST SOMA 350MG 3-4 DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 29, 63-66.

Decision rationale: The medical records show that the patient has been using Soma since 3/19/13. The MTUS guidelines state that Soma is not recommended for longer than a 2-3 week

period. The request to continue using Soma for over a 4-month period exceeds the MTUS recommendation. As such, the request is noncertified.