

Case Number:	CM13-0025916		
Date Assigned:	11/20/2013	Date of Injury:	10/29/2008
Decision Date:	01/29/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/18/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is 43 year old woman who sustained a work related injury on October 29 2008. According to the note of August 7 2013, the patient developed a severe sharp numbness and stabbing neck pain that irradiated to both upper extremities. She also have other co-morbid condition including depression, anxiety, headache and insomnia The patient was treated with Neurontin, trazodone, Soma, Norco, Naprosyn, Xanax, Abilify, Ambien and Welbutrin. The provider is requesting authorization to prescribe Soma 360 mg # 90 to treat the patient condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines, Soma is not recommended for long term use. It is prescribed for muscle relaxation. There is no clear report of muscle spasm in the patient file. Therefore, Soma 350 mg # 90 is not medically necessary.