

Case Number:	CM13-0029877		
Date Assigned:	11/27/2013	Date of Injury:	06/10/2012
Decision Date:	01/31/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/27/2013

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 Orthopedic surgery, has a subspecialty in Shoulder and Elbow Surgery 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 43-year-old female who reported injury on 06/10/2012. The mechanism of injury was stated to be the patient was assisting a resident, and as the resident stood up, the resident began to fall over, and the patient was noted to be keeping the resident from falling over. The patient was noted to feel pain in their back. The physical examination revealed the patient had tenderness to palpation over the paraspinal musculature in the lumbar spine. The impression was stated to be cervical pain, low back pain, myofasciitis, and possible fibromyalgia. The request was made for Soma 350 mg 1 by mouth daily #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG 1 PO DAILY #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29, 65.

Decision rationale: CA MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment

of anxiety. Clinical documentation submitted for review failed to provide the necessity for an anti-spasmodic. Additionally, there was a lack of a thorough examination indicating the patient had spasms. There was a lack of documentation indicating the necessity for 30 tablets, as treatment is recommended for a 2 to 3 week period. Additionally, there was lack of documentation indicating if the patient had previously been on the medication; and therefore, efficacy would be a factor. Given the above, the request for Soma 350 mg 1 by mouth daily #30 is not medically necessary.