

Case Number:	CM13-0030328		
Date Assigned:	12/13/2013	Date of Injury:	09/26/2006
Decision Date:	02/27/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

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 a 47-year-old man who sustained a work related injury on September 26, 2006. Subsequently he suffered chronic pain in the right upper extremity and shoulder limited range of motion. According to the progress notes September 15, 2013, the patient continued to have pain, weakness, stiffness and uses range of motion of the right shoulder. Physical examination demonstrated limited right shoulder range of motion, right shoulder tenderness and reduced grip strength in the right hand. He was treated with injections, physical therapy, pain medications, elbow surgery, elbow surgery, carpal tunnel injection and shoulder arthroscopy. The provider is requesting authorization to use Soma 350 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG 1 PO BID#100, 1 REFILL: Upheld

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

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

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations

in patients with chronic pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of spasm and the prolonged use of Soma is not justified. The request for Soma SOMA 350MG 1 PO BID#100, 1 REFILL is not medically necessary.