

Case Number:	CM13-0052478		
Date Assigned:	12/27/2013	Date of Injury:	01/15/2011
Decision Date:	07/03/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and Oklahoma. 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 expert 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 injured worker is a 55-year-old female with a reported injury on 01/15/2011 due to striking her thumb on the top of a paper towel dispenser at work three (3) times. The injured worker received an x-ray on 01/15/2011 that showed osteoarthritis at the carpometacarpal (CMC) and metacarpophalangeal (MP) joints. Pain is reported 10/10 when hyperextended; the physician notes guarding of the digit by the injured worker. Soma was prescribed for pain. A follow-up visit was done on 08/25/2011 where the physician noted the injured worker still complained of pain 7-10/10 and a popping sound when hyperextending the digit. The physician diagnosed right thumb sprain/strain and right thumb contusion. There was no additional pain study conducted nor was pain rated before, during or after Soma was administered to control pain. The injured worker was given aqua and physical therapies to address condition but no report on improvement was given. The treatment plan for pain management to the right thumb is to continue Soma. The request for authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG #100, WITH ONE (1) REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ODG-TWC, PAIN PROCEDURE SUMMARY (LAST UPDATED 06/07/2013).

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

Decision rationale: There has been no documentation in the medical reports of analgesic effects from Soma in the pain management. X-rays on 01/15/2011 only revealed osteoarthritis. The Chronic Pain Guidelines indicate that Soma is not recommended for chronic pain. The injured worker demonstrates no improvement to level of pain management, use of digit or ability to return to regular duties. The guidelines do not recommend the use of Soma for longer than three to four (3-4) weeks. The injured worker has been taking Soma since 2011. Therefore, ongoing use would exceed guideline recommendations for total duration of use. As such, the request is not medically necessary.