

Case Number:	CM13-0057031		
Date Assigned:	12/30/2013	Date of Injury:	06/28/2010
Decision Date:	08/12/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedical 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 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 52-year-old who was reportedly injured on June 28, 2010. The mechanism of injury is noted as a lifting/pushing injury. The most recent progress note, dated December 16, 2013. Indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated limited range of motion, muscle strength 4/5 with flexion and abduction. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy, and medications. A request had been made for Soma 350 mg #60, and was not certified in the pre-authorization process on November 14, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma (Carisoprodol 350mg), sixty count: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the

guidelines. As such with the very specific recommendation of the Chronic Pain Medical Treatment Guidelines against the use of this medication, the continued use of this medication is deemed not medically necessary. The request for Soma (Carisoprodol 350mg), sixty count, is not medically necessary or appropriate.