

Case Number:	CM13-0058484		
Date Assigned:	01/31/2014	Date of Injury:	07/08/2010
Decision Date:	05/02/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/27/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 53-year-old female with date of injury of 07/08/2010. Per treating physician's report, 07/03/2013, patient presents with chronic right elbow, shoulder, and cervical spine pain with a listed diagnoses of cervicgia and cervical radiculopathy, degenerative disk disease of cervical spine. For treatment, the patient was to continue current medications and the patient is unable to return to work. Report by the treating physician 04/17/2013 states the patient cannot take her medication because it makes her too drowsy at work, but under treatment plan, it states to continue current medications and that the patient is temporarily totally disabled. He states that she will now be able to take her medication, not worry about working and taking medications at the same time. However, none of these reports list what medications this patient is on. A report by [REDACTED] dated 11/14/2013 list of medications that include 1200 mg Neurontin, Soma, Norco, inhaler, and Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: MTUS Guidelines does not recommend use of Soma and states that this medication not recommended for chronic pain. The primary treating physician has prescribed and continued therapy with Soma, but the patient was evaluated by another physician on 11/14/2013 who recommended tapering off of the Soma as this medication is habit-forming. Given the lack of support from MTUS Guidelines and evidence that this patient was prescribed Soma on a chronic basis, recommendation is for denial.