

Case Number:	CM13-0061422		
Date Assigned:	12/30/2013	Date of Injury:	11/05/2009
Decision Date:	04/04/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 62-year-old female who reported an injury on 11/05/2009. The precise mechanism of injury was not provided. The patient's surgical history revealed that she had a right shoulder biceps tenotomy, glenohumeral debridement, partial thickness tear repair and excision of the distal clavicle on 03/12/2012. The patient's medication history revealed that the patient was taking Norco and Soma for greater than 1 year. The documentation dated 09/19/2013 revealed that the patient was taking medications as prescribed, and there were no side effects reports, and there was no medication abuse that was suspected. The patient's diagnosis was noted to be shoulder pain. The patient's current medications were listed as Neurontin 300 mg, Soma 350 mg and Norco 10/325. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 30 Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute spasms. The usage should be limited to less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated that the patient had been taking the medication for greater than 1 year. There was a lack of documentation of objective functional improvement. Given the above and the lack of documentation, the request for 30 Soma 350 mg is not medically necessary.