

Case Number:	CM13-0063351		
Date Assigned:	12/30/2013	Date of Injury:	04/28/1999
Decision Date:	05/12/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/10/2013

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 Pain Management 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 is a patient with a date of injury of 4/28/99. A utilization review determination dated 11/6/13 recommends non-certification of Soma. 11/15/13 medical report identifies that the patient has low back pain with radiation to the BLE and right knee, bilateral knee pain; pain level has increased, migraine headaches increased from stress and anxiety, and knee weakness and instability. On exam, there is antalgic and slow gait, use of a cane, tenderness at both wrists, and bilateral knee tenderness with decreased ROM and positive crepitus.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG, #60, AS AN OUTPATIENT FOR THE BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 2. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES ([HTTP://WWW.ACOEMPRACGUIDES.ORG/HAND AND WRIST](http://www.acoempracguides.org/hand_and_wrist), TABLE 2, SUMMARY OF RECOMMENDATIONS, HAND AND WRIST DISORDERS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Soma, CA MTUS Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.