

Case Number:	CM14-0000181		
Date Assigned:	01/10/2014	Date of Injury:	08/02/1999
Decision Date:	05/29/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/31/2013

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, 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 female sustained an injury on 8/2/1999 while employed by [REDACTED]. Request under consideration include Soma 350mg #60 to allow for a one month supply of this medication for weaning purposes only. Diagnoses include Chronic right knee pain with post-traumatic arthritis; right shoulder pain with impingement syndrome; and discogenic low back pain with multi-level spondylosis. Report of 11/19/13 from the provider noted patient with increased pain in the right leg and left hip; unable to walk more than 500' and is in need of a motorized vehicle to complete ADL tasks as a single woman rancher. Exam showed patient able to transfer from sit to stand independently; ambulates with non-antalgic gait; tenderness to palpation in the right upper leg and knee and over left groin-hip region; limited range in all directions; with 4/5 strength in lower extremities. Request include Soma which was non-certified on 12/4/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #60 TO ALLOW FOR A ONE MONTH SUPPLY OF THIS MEDICATION FOR WEANING PURPOSES ONL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This female sustained an injury on 8/2/1999 while employed by [REDACTED]. Request under consideration include Soma 350mg #60 to allow for a one month supply of this medication for weaning purposes only. Diagnoses include Chronic right knee pain with post-traumatic arthritis; right shoulder pain with impingement syndrome; and discogenic low back pain with multi-level spondylosis. Report of 11/19/13 from the provider noted patient with increased pain in the right leg and left hip; unable to walk more than 500' and is in need of a motorized vehicle to complete ADL tasks as a single woman rancher. Exam showed patient able to transfer from sit to stand independently; ambulates with non-antalgic gait; tenderness to palpation in the right upper leg and knee and over left groin-hip region; limited range in all directions; with 4/5 strength in lower extremities. Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. This patient sustained an injury in 1999. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings of decreased range of motions, without report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. MTUS Guidelines do not recommend long-term use of this Soma for this chronic injury. The Soma 350mg #60 to allow for a one month supply of this medication for weaning purposes only is not medically necessary and appropriate.