

Case Number:	CM14-0001814		
Date Assigned:	07/07/2014	Date of Injury:	04/22/2011
Decision Date:	08/06/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/06/2014

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:

The injured worker is a 33-year-old female who reported an injury on 04/21/2011. The mechanism of injury is not provided for clinical review. The diagnoses include posttraumatic stress disorder, major depression, and psychological factors. His treatments include medication and behavioral therapy. Within the clinical note dated 05/06/2014 reported the injured worker complained of ongoing dental problems. Upon the physical exam, the provider noted the injured worker has occasional nightmares. He reported the injured worker continued to have dental/jaw pain. The provider request Soma. However, a rationale is not provided for clinical review. The request for authorization was submitted and dated 12/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA (CARISOPRODOL) 350 MG QTY # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64..

Decision rationale: The request for Soma (carisoprodol) 350 mg quantity #30 is not medically necessary. The injured worker complained of ongoing dental problems. The California MTUS

Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants can be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDS in pain and overall improvement. The efficacy appears to diminish over time and prolonged use of some medication in this class may lead to dependence. There is lack of objective findings indicating the injured worker is treated for muscle spasms. There is lack of documentation within the medical records indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker had been utilizing the medication since at least 08/2013 which exceeds the guideline recommendations of short-term use for 2 to 3 weeks. Therefore, the request is not medically necessary.