

Case Number:	CM14-0004912		
Date Assigned:	01/24/2014	Date of Injury:	09/03/2003
Decision Date:	06/09/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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:

This 51 year-old patient sustained an injury on 9/3/03 while employed by [REDACTED]. The patient reportedly had loss of balance and fell down a slope, sustaining a right ankle fracture and left shoulder injury. The request under consideration is Soma 350mg #90 with no refills. The patient is s/p arthroscopic rotator cuff repair on 5/28/04 and ankle cast for fracture. Lumbar MRI from 11/17/03 showed right disc protrusion and mild displacement of right L5 nerve root with right L4 foraminal stenosis and facet arthropathy. There is history of Heroin addiction and long-term use and abuse of opiate medications with multiple pain management physicians being utilized concurrently. UDS testing has also shown positive marijuana and unprescribed Methadone. Medications list Norco, MsContin, and Soma. The previous utilization review had recommended Soma taper on 8/8/13. There was notation of an office visit whereby the patient was angry and disruptive, demanding pain medications which led to transferring of care to current pain management provider on 11/20/12. A report of 10/31/13 noted patient had TFESI at L4-5 bilaterally without mention of benefit. Exam showed normal sensory and motor yet there is mention of 4+/5 at tibialis anterior. Pain medications remained unchanged. The request for Soma 350mg #90 with no refills was non-certified on 12/26/13 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 #90 WITH NO REFILLS: Upheld

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

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

Decision rationale: Per California 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 2003. The submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings without report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. California MTUS Guidelines do not recommend long-term use of this Soma for this chronic injury. The Soma 350mg #90 with no refills is not medically necessary and appropriate.