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| Case Number: | CM14-0008717 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 09/12/2011 |
| Decision Date: | 07/03/2014 | UR Denial Date: | 01/14/2014 |
| Priority: | Standard | Application Received: | 01/22/2014 |

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 & Rehabilitation, has a subspecialty in Sports 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 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 47-year-old female with a reported date of injury on 09/12/2011. The injury reportedly occurred when the injured worker tried to restrain two individuals and was struck in multiple areas. Her diagnoses were noted to include sprain/strain of the shoulder/arm, thoracic/lumbar neuritis/radiculitis, sprain/strain of the neck, sprain/strain thoracic region, brachial neuritis/radiculitis, and sprain/strain to the lumbar region. The previous treatments were noted to include medial branch blocks, physical therapy, home exercise program, and pain medications. The physical examination dated 12/23/2013 reported range of motion to the cervical/thoracic spine was forward flexion to 30 degrees, extension to 20 degrees, rotation was 70/40 degrees, and lateral bending was 40/35 degrees. The report also stated extension and rotation caused midline functional discomfort. The range of motion testing to the lumbar spine was reported as forward flexion to 30 degrees, extension 15 degrees, rotation 15/10 degrees, lateral bending was 20/15 degrees. The injured worker reported the cervical spine pain was aching, stabbing, throbbing, and the least pain was 3/10 and the worst pain was 6/10, and the right shoulder was described as aching, stabbing, and throbbing and the least pain was 4/10 and the worst pain was 7/10, the thoracic spine pain was aching, stabbing, burning, and throbbing, and the least pain was 4/10 and the worst pain was 7/10, and the lumbar spine pain was described as aching, stabbing, throbbing and the least pain was 4/10 and the worst pain was 7/10, and the right hand/wrist pain was described as aching, burning, throbbing, and the least pain was 3/10 and the worst pain was 5/10. The request for authorization form was not submitted within the medical records. The request is for Soma 350mg 4 times daily #45 with 3 refills, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG, FOUR (4) TIMES DAILY # 45 WITH THREE (3) REFILLS, QTY:

180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64-66.

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

Decision rationale: The request for Soma 350mg 4 times daily #45 with 3 refills is non-certified. The injured worker has been taking Soma since 08/2013. The California Chronic Pain Medical Treatment Guidelines do not recommend Soma. The MTUS guidelines state this medication is not indicated for long-term use. The MTUS guidelines also state muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. The injured worker has been on this medication for over 6 months and there is a lack of documentation regarding efficacy and improved function with regards to this medication. Therefore, the request is non-certified.