

Case Number:	CM14-0100342		
Date Assigned:	07/30/2014	Date of Injury:	01/04/2011
Decision Date:	09/09/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 50-year-old male who reported an injury on 01/04/2011, reportedly while stepping on a pipe that was on the floor causing him to fall backwards, and sustained injuries to his right arm and left wrist. The injured worker's treatment history included status post right elbow lateral epicondylar debridement, status post right shoulder decompression, EMG/NCV, acupuncture, MRI, physical therapy, splint and medications. The injured worker was evaluated on 05/27/2014, and it was documented that the injured worker complained of cervical spine pain and continued pain in his neck and right shoulder. Physical examination revealed mild to moderate discomfort with mild limitation of abduction and external rotation of right shoulder. Full range of motion in all digits of both hands, wrists and elbows. No tenderness right elbow or left wrist, sensory and motor exam intact. Grip right 35, left 80. Diagnoses included status post right elbow lateral epicondylar debridement, status post right shoulder decompression with residual and palpable cervical radiculopathy. Medications included NSAIDs and naproxen and Soma. Request for Authorization form dated 05/30/2014 was for Soma 350 mg. However, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg: Upheld

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

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

Decision rationale: The requested Soma 350 mg is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, there was lack of documentation on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. The request lacked frequency and duration of medication. In addition, the guidelines do not recommend Soma to be used for long-term use. Given the above, the request for Soma 350 mg is not medically necessary.