

Case Number:	CM14-0105008		
Date Assigned:	07/30/2014	Date of Injury:	07/22/2001
Decision Date:	09/30/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/07/2014

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 Pain Medicine 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 52-year-old female who reported an injury 07/22/2001. The mechanism of injury was not provided within the medical records. The clinical note dated 05/27/2014 indicate a diagnoses of history of bilateral shoulder, left shoulder 05/2005, right shoulder 08/2003, right shoulder MR arthrogram revealed SLAP tear, history of bilateral carpal tunnel release x2, history of bilateral ulnar release 2005, chronic pain syndrome, positive nerve conduction study for moderate right median and ulnar neuropathies, mild left median neuropathy per nerve conduction study dated 06/11/2008, history of plantar fasciitis, left foot, nonindustrial. The injured worker reported that she had to pay for her Norco and MS Contin out of her pocket. The injured worker reported her pain goes from 8 to 10 to about 3 to 4 with the use of Norco. Without medications the injured worker reported she was not able to do anything, with medications she was able to accomplish all the activities of daily living. She was able to walk her dog 30 minutes twice a day. The injured worker reported she was able to cook, clean, and do laundry without difficulty. The injured worker reported no side effects, aberrant drug seeking behavior. The injured worker's last urine drug screen was reported to be 04/01/2014, where her test was consistent. The injured worker has a signed pain contract. On physical examination, the injured worker had diminished range of motion to the right shoulder and the neck; however, she had good strength of both upper and lower extremities. The injured worker was able to demonstrate normal gait and stance with good balance. The injured worker's treatment plan included continue her medications and followup in another 2 months. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, MS Contin, Soma, and Lidoderm patches. The provider submitted a request for Soma. A Request for Authorization was not submitted for review to include the date the treatment was requested.

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 Muscle Relaxants (For Pain).

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

Decision rationale: The request for Soma 350mg is not medically necessary. The California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. The injured worker reported relief of pain and function with Norco; however, there is lack of documentation of efficacy and functional improvement with the use of Soma. In addition, it was not indicated how long the injured worker had been utilizing Soma. Furthermore, the request does not indicate a frequency or a quantity for the Soma. Therefore, the request for Soma is not medically necessary.