

Case Number:	CM14-0105257		
Date Assigned:	09/16/2014	Date of Injury:	07/24/2013
Decision Date:	10/21/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/08/2014

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 Nevada. 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 records presented for review indicate that this 47-year-old female was reportedly injured on July 24, 2013. The mechanism of injury is noted as having a cooking pot fall on her head. The most recent progress note, dated July 1, 2014, indicates that there were ongoing complaints of headaches along with photophobia, phonophobia, and dizziness. There were also complaints of left shoulder pain, upper back pain, anxiety, depression, and panic attacks. The physical examination indicated that the injured employee appeared mildly anxious. A previous physical examination, dated June 12, 2014, revealed decreased motion of the cervical spine and tenderness and spasms along the cervical paravertebral muscles with trigger points. Diagnostic imaging studies were not reviewed during this visit. Neuropsychological testing and physical therapy were recommended. Previous treatment includes oral medications. A request had been made for Soma and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 250mg #60: Upheld

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

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

Decision rationale: Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is Meprobamate, which is highly addictive. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second-line option for the short-term treatment of acute exacerbations of chronic low back pain. Also, The California MTUS specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. A review of the medical record indicates that Soma has been prescribed for a prolonged period of time, and this is a request for another 60 tablets. As such, this request for Soma is not medically necessary.