

Case Number:	CM14-0014096		
Date Assigned:	02/21/2014	Date of Injury:	09/09/2011
Decision Date:	07/24/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/04/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 is a 47-year-old with a September 9, 2011 date of injury, from a slip and fall. January 23, 2014 determination was non-certified given that Soma is not supported by evidence-based guides. A February 2, 2014 medical report identifies constant pain in the upper back. There was pain radiating to the left shoulder. A December 19, 2013 medical report identified multiple complaints, including headaches, low back pain, right knee pain, difficulty with bending and lifting. It is noted that the patient takes Soma at night which decreased her spasms and allowed her to fall asleep. A December 3, 2013 medical report identified throbbing, shooting, stabbing pain. There was 2+ tenderness over the lateral neck with decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, 25 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma).

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that Soma is not recommended. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV (intravenous) controlled substance. The patient had chronic pain and apparently chronic spasms. There was no clear rationale for Soma utilization. The records do not show any documentation of

efficacy, other than subjective decrease in spasms. The records also do not show an end-point of treatment or a treatment plan for discontinuation of the medication. Therefore, the request for Doma 350 mg, 25 count, is not medically necessary or appropriate.