

Case Number:	CM14-0133632		
Date Assigned:	08/29/2014	Date of Injury:	09/07/2007
Decision Date:	09/25/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 50 year old female with complaints of upper extremity pain, low back pain, and right leg pain. The date of injury is 9/7/07 and the mechanism of injury is recoil injury firing a hand weapon at a firing range (apparently, there was also a motor vehicle injury in 1998 that resulted in residual symptoms as well). At the time of request for soma 350mg #120, there is subjective (right wrist pain, right shoulder pain, low back pain, right leg pain) and objective (right medial epicondylar tenderness, right wrist tenderness, right paracervical tenderness C2 thru T1, right lumbar paraspinal tenderness spasm L1 thru L5/S1, right sacroiliac tenderness, swelling and tenderness of the knees) findings, imaging findings (no reports submitted but agreed medical examiner note form 6/9/14 documents MRI lumbar spine 4/10/14 shows disc extrusion L5-S1 right with compression of right S1 root, MRI cervical spine 1/11/06 shows degenerative disc disease C5/6, spinal stenosis, spondylosis C4/5), diagnoses (lumbar sprain/strain with suggestion of right sided radiculopathy, Chronic cervical sprain, chronic right knee sprain, chronic right hand pain with flare up, s/p foot sprain) and treatment to date (medications, acupuncture). Soma is FDA-approved for symptomatic relief of acute musculoskeletal pain as an adjunct to rest and physical therapy. It is not indicated for long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 64-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Carisoprodol(Soma).

Decision rationale: Per ODG and MTUS-Chronic Pain Medical Treatment Guidelines, Soma is not recommended. The medication is FDA-approved for symptomatic relief of acute musculoskeletal pain as an adjunct to rest and physical therapy. It is not indicated for long term use. Therefore, the request for continued use of soma is not medically necessary.