

Case Number:	CM14-0144353		
Date Assigned:	09/12/2014	Date of Injury:	12/01/1998
Decision Date:	11/05/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/05/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, wrist, ankle, and shoulder pain reportedly associated with an industrial injury of December 1, 1998. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; adjuvant medications; long- and short-acting opioids; multiple left foot surgeries; and muscle relaxants. In a Utilization Review Report dated August 29, 2014, the claims administrator failed to approve a request for Soma. The applicant's attorney subsequently appealed. In a June 5, 2014 progress note, the applicant presented with multifocal pain complaints. The applicant was using Ambien, MiraLax, Senna, Phenergan, Voltaren, Elavil, Lidoderm, OxyContin, Soma, and Norco. The applicant was using Soma up to twice daily, it was suggested. Multiple medications were renewed. The applicant was permanent and stationary, it was acknowledged. The applicant did not appear to be working with permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg daily as needed #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 29, 63, 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol section. Page(s): 29; 65.

Decision rationale: As noted on page 65 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for longer than a two- to three-week period. In this case, the applicant appears to have been using Soma for a span of several months, at a minimum. This is not a California (MTUS)-endorsed role for the same, particularly when used in conjunction with opioids, page 29 of the Chronic Pain Medical Treatment Guidelines further notes. Therefore, the request is not medically necessary