

Case Number:	CM14-0151904		
Date Assigned:	09/22/2014	Date of Injury:	11/15/2013
Decision Date:	12/31/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/17/2014

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:

Injured worker is a male with date of injury 11/15/2013. Per primary treating physician's progress report dated 8/5/2014, the injured worker has been diagnosed as having severe arthritis of the right wrist with a sprain of his left wrist. His condition has not been improving. He saw a hand specialist who has recommended surgery. He has been taking Soma, which does help to relieve his pain. Examination is noted to remain the same. He is wearing wrist splints on both hands. His right wrist continues to have a painful bump dorsally with limited motion. Dorsiflexion is 45 degrees, volar flexion 20 degrees, pronation 60 degrees, and supination 30 degrees. The left wrist shows no obvious deformity and has full range of motion with dorsiflexion 80 degrees, volar flexion 80 degrees, pronation 80 degrees, and supination 70 degrees. Diagnoses include 1) degenerative arthritis of the right wrist 2) sprain/strain, left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Soma.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. The request for Soma 350 mg is determined to not be medically necessary. The request for Soma 350mg with one refill is determined to not be medically necessary.