

Case Number:	CM14-0175294		
Date Assigned:	10/27/2014	Date of Injury:	06/04/2011
Decision Date:	12/10/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/21/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 52 year old female who was injured at work on 06/04/2011. She is reported to be complaining of neck pain, back pain and ankle pain. The physical examination revealed antalgic gait, needing to use a cane, flat foot and hindfoot valgus, limited range of motion of the right ankle, tenderness of the ankle, healed ankle surgical scar. The worker has been diagnosed of internal derangement of right ankle, lumbar spine myofascitis and cervical sprain/strain with myofascitis. Treatments have included chiropractic care, physical therapy, acupuncture, aquatic therapy, Xanax, Soma, and Percocet. At dispute is the request for Soma 350mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

Decision rationale: The injured worker sustained a work related injury on 06/04/2011. The medical records provided indicate the diagnosis of internal derangement of right ankle, lumbar

spine myofascitis and cervical sprain/strain with myofascitis. Treatments have included chiropractic care, physical therapy, acupuncture, aquatic therapy, Xanax, Soma, and Percocet. The medical records provided for review do not indicate a medical necessity for Soma 350mg #120. The records indicate this worker has been using this medication for some time, but the injured worker has been prescribed an additional 2-3 weeks supply. The MTUS does not recommend the use of Soma (Carisoprodol) for more than two to three weeks. The requested treatment is not medically necessary and appropriate.