

Case Number:	CM14-0022513		
Date Assigned:	06/11/2014	Date of Injury:	07/22/2008
Decision Date:	08/12/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/24/2014

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, Pain Medicine and is licensed to practice in Florida. 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 58-year-old male who reported an injury on 07/22/2008. The mechanism of injury was not provided in the medical records. The current diagnoses include subtalar arthritis, anterior ankle impingement, sesamoiditis, and sural neuritis. His other treatments have included physical therapy, medications, and injections. Within the most recent clinical note dated 01/24/2014 the injured worker was in for evaluation of his chronic right ankle and foot pain. The physician reported the physical examination and review of systems have remained unchanged. The treatment plan included an authorization for medications including Soma 350 mg #30 times 3 refills and Norco 5/325 mg #60 times 3 refills. Current request is for Soma 350 mg #30 with 3 refills. The rationale for the request was not provided. The Request for Authorization was provided on 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA (CARISOPRODOL).

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

Decision rationale: The current request for Soma 350 mg #30 with 3 refills is not medically necessary. The California MTUS Guidelines state that carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. The clinical documentation provided indicated the injured worker continued to have chronic ankle pain since his injury; however, the physical examination failed to indicate the extent of his pain and if the medications were effective for pain relief and increased function. Also the guidelines do not support the use of Soma for the long term treatment of chronic pain. As such, Soma 350 mg #30 with 3 refills is not medically necessary.