

Case Number:	CM14-0024489		
Date Assigned:	06/11/2014	Date of Injury:	02/02/2004
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 62-year-old male injured on February 2, 2004. The mechanism of injury is noted as a slip and fall with an injury to the back, hip, knees, right foot, right ankle and right hand. The most recent progress note, dated June 18, 2013, stated that anticoagulation for a pulmonary embolism was completed, and there was a flare of left hip trochanteric bursitis. It was stated that the bilateral total knee replacements were doing well. A physical examination demonstrated decreased lumbar spine range of motion and tenderness over the left hip trochanteric bursa. Diagnoses included an L3 anterior wedge compression fracture, right leg radiculopathy, status post bilateral knee arthroplasties, left and right hip trochanteric bursitis, lumbar facet syndrome, lumbar degenerative disc disease at L4-L5 and L5-S1 and closed metatarsal fracture. The treatment plan included corticosteroid injection to the left trochanteric bursa and prescriptions for Lidoderm, Ultram, Prilosec, Soma and Norco. A request had been made for Soma and was not certified in the pre-authorization process on February 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF SOMA (PER 02/11/14 FORM), QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Muscle relaxants Page(s): 65 OF 127.

Decision rationale: Soma is a muscle relaxant intended for use as an adjunct to rest, physical therapy, analgesics, and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions. The Chronic Pain Medical Treatment Guidelines do not recommend the usage of Soma for longer than a 2 to 3 week period. Additionally, Soma is not recommended for usage by the Official Disability Guidelines (ODG). Soma is a scheduled controlled substance and should not be discontinued abruptly. Additionally, it is unclear if the prescriber intended this medication to be used episodically on a chronic continued basis. The attached medical record contains no information regarding the specific dosage and frequency of intended usage. For these multiple reasons, this request for Soma is not medically necessary.