MAXIMUS Federal Services

Case Number:	CM14-0032001		
Date Assigned:	06/20/2014	Date of Injury:	01/04/2010
Decision Date:	07/17/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/13/2014

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 Internal Medicine, Pulmonary Disease 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 injured worker is a 70 year old male who reported an injury on 04/19/2013 due to a fall while walking on a hillside slope. The injured worker complained of pain to the right ankle, nose, left orbit and neck. The injured worker rated his pain at a 9/10 on a VAS scale. Physical examination revealed that the injured worker had moderate tenderness to the right ankle. Range of motion showed on dorsiflexion NL 20 degrees, plantar flexion NL 50 degrees, inversion NL 25 degrees and eversion NL 10 degrees. Range of motion to foot revealed that adduction was abnormal as was abduction. Examination of the neck revealed mild tenderness. Range of motion to the neck showed a flexion of 30 degrees, extension of 30 degrees, lateral flexion R 30 degrees, lateral flexion L 30 degrees, rotation R 60 degrees and rotation L of 60 degrees all with mild pain. The injured worker has diagnoses of contusion to the nose, contusion to the left supraorbital area, superficial laceration to the nasal bridge and sprain to the right ankle. The injured worker was reported to have been treated with physical therapy and medications. Medications to include Cyclobenzaprine 10mg #30 1 tablet at bedtime and Ibuprofen 800mg #60 1 tablet every 8 hours. The treatment plan is for Soma 350mg, #90. the rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #90: Upheld

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

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

Decision rationale: The request for Soma 350mg, #90 is non-certified. The injured worker complained of pain to the right ankle, nose, left orbit and neck. The injured worker rated his pain at a 9/10 on a VAS scale. The California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend Soma. This medication is not indicated for long-term or short-term use. Carisoprodol (Soma) is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. The guidelines stipulate that Soma not be recommended and if so it is suggested that the main use be for sedation and treatment of anxiety. The injured worker has no complaints of anxiety, therefore Soma is not medically necessary. Given the guidelines above the request for Soma 350mg, #90 is non-certified.