

Case Number:	CM14-0035315		
Date Assigned:	06/23/2014	Date of Injury:	06/24/1999
Decision Date:	08/14/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 65-year-old male who was reportedly injured on 6/24/1999. The mechanism of injury was noted as a cumulative work related injury. The most recent progress note dated 3/10/2014 indicated that there were ongoing complaints of neck, bilateral shoulder, knee, low back, and right lower extremity pains. The physical examination demonstrated musculoskeletal slow but normal, cranial nerves normal, no signs of overmatch, motor both normal and abnormal movements. Strength 5/5 throughout upper and lower extremities. Shoulder right side range of motion decreased. Positive tenderness back of shoulder. Left shoulder within normal limits. No recent diagnostic studies were available for review. Previous treatment included surgery, physical therapy, medications, and conservative treatment. A request had been made for Soma 350mg #30 and was denied in the pre-authorization process on 3/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, weaning of medications, and muscle relaxants (for pain).

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

Decision rationale: The California Medical Treatment Utilization Schedule specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician did not provide rationale for deviation from the guidelines. As such with the very specific recommendation of the California Medical Treatment Utilization Schedule against the use of this medication, this medication is not medically necessary and appropriate.