MAXIMUS Federal Services

Case Number:	CM14-0035885		
Date Assigned:	06/23/2014	Date of Injury:	01/22/2012
Decision Date:	08/05/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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 Physical Medicine and Rehabilitation and Pain 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 56 year old male with a reported injury as of 01/22/12 due to repeated smoke inhalation and orthopedic trauma due to injuries sustained as a firefighter. Current diagnoses include orthopedic injuries, dermatologic disorder, decreased audition, hypertension, chest pain/shortness of breath, history of meningitis as a result of complication from spinal surgery, atrioventricular tachyarrhythmia with palpitations, vasovagal syncope, chronic sinusitis, mild/slight asthma, and toxic exposures per qualified medical evaluator. There were no significant findings on physical examination. The medications included Omeprazole, Amlodipine, Gabapentin, Lyrica, Norco, Soma and multiple other medications to address medical issues. The initial request for Soma 350mg #20 was initially non-certified on 03/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Section Page(s): 65.

Decision rationale: Soma is not recommended for long-term use. This medication is Food and Drug Administration approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. The request is not medically necessary.