

Case Number:	CM14-0065099		
Date Assigned:	07/11/2014	Date of Injury:	05/08/2011
Decision Date:	08/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/08/2014

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 Pain Management. 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:

This is a male patient with the date of injury of May 8, 2011. A Utilization Review was performed on April 24, 2014 and recommended non-certification of Soma 350mg QTY: 60.00. A Progress Report dated April 17, 2014 identifies Subjective complaints of right foot and back pain. Objective findings identify significant tenderness is documented to the right foot. Diagnoses identify neuroma, tarsal tunnel syndrome, and chronic regional pain syndrome. Treatment Plan identifies prescription for Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 8-9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol Page(s): 63-66.

Decision rationale: Regarding the request for Soma (carisoprodol), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or

objective functional improvement as a result of the Soma. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.