

Case Number:	CM14-0067788		
Date Assigned:	07/11/2014	Date of Injury:	12/05/2012
Decision Date:	09/22/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/12/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and 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 63-year-old female who reported an injury on 12/05/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 03/27/2014 indicated the injured worker had left shoulder pain and thoracic outlet syndrome. The injured worker reported he was status post left shoulder arthroscopy and subacromial decompression, extensive debridement and AC joint excision. The injured worker reported less pain with better motion and stated that it still hurt with certain movements of her arm and at times was painful. The injured worker reported numbness in her hand if she keeps it overhead too long, such as when she was fixing her hair. The injured worker reported physical therapy had been ongoing. She had received 15 visits out of 24 so far. The Examination of the left shoulder revealed tenderness over the surgical site with decreased range of motion. The medication regimen included Xanax, Norco, Effexor, and Zocor. The provider submitted a request for Soma. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg Day supply: 10 Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Carisoprodol 350mg Day supply: 10 Qty: 30 is not medically necessary. The California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. The documentation submitted did not indicate the injured worker had acute exacerbations or muscle spasms. In addition, the provider did not indicate a rationale for the request. Moreover, the request does not indicate a frequency for this medication. Therefore the request for Carisoprodol is not medically necessary.