

Case Number:	CM14-0071308		
Date Assigned:	06/30/2014	Date of Injury:	06/04/2011
Decision Date:	08/15/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/07/2014

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 Family Medicine, and is licensed to practice in Arizona. 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 patient is a 52 year old female with a date of injury on 6/4/2011. Diagnoses include internal derangement of the right ankle, lumbar spine myofascitis, and cervical spine sprain/strain. Subjective complaints are of right ankle pain with swelling, neck stiffness, headaches, and low back pain. Physical exam reveals swelling in the lateral right ankle, and severe tenderness of the anterior talofibular ligament. Prior treatment has included medications, chiropractic care, physical therapy, acupuncture, and exercise program. Medications include Xanax, Soma, and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tab q6 hours #120: Upheld

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

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

Decision rationale: The California MTUS does not recommend carisoprodol (Soma). This medication is not indicated for long-term use. This medication is only recommended for a 2-3 week period. It has been suggested that the main effect is due to generalized sedation and

treatment of anxiety. Abuse has been noted for sedative and relaxant effects. This patient has used carisoprodol chronically which is not consistent with current guidelines. For these reasons, the use of carisoprodol is not medically necessary.