

Case Number:	CM14-0077989		
Date Assigned:	07/18/2014	Date of Injury:	10/05/1976
Decision Date:	10/08/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/29/2014

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 Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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 72-year-old male who reported an injury on 10/05/1976. The mechanism of injury was due to repetitive stress. Diagnoses included pain in the joint of the shoulder, joint pain, anger, anxiety disorder, and carpal tunnel syndrome. The diagnostic testing included an MRI. Previous treatments included medications, physical therapy, heat, and stretching. The clinical note 05/12/2014 it was reported that the injured worker complained of bilateral upper extremity pain. On the physical examination, the provider noted the injured worker had deep tendon reflexes in the upper and lower extremity that were normal bilaterally. The provider noted the injured worker had tenderness to palpation of the lumbosacral spine. The provider noted the injured worker had tenderness to palpation of the paraspinal with positive quadrant test. The range of motion was noted to be forward flexion at 65 degrees. The provider requested for Soma. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: 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 Muscle Relaxants Page(s): 63 64.

Decision rationale: The request for Soma 350mg three times daily as needed #90 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than two to three weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 05/2014, which exceeds the guidelines recommendation of short-term use of two to three weeks. Therefore, the request is not medically necessary.