

Case Number:	CM14-0080193		
Date Assigned:	07/18/2014	Date of Injury:	08/20/2000
Decision Date:	09/18/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	05/30/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 57 year old male with a work injury dated 8/20/00. The diagnoses include chronic left foot pain; diabetes mellitus, ulcer of toe and osteomyelitis. Under consideration is a request for Soma 325mg. There is a primary treating physician report dated 5/6/14 that states that the patient presents for follow up of chronic left foot pain. On physical exam there is minimal motion detected to the subtalar joint, crepitation noted with inversion/eversion of the subtalar joint, mild edema to the left foot. No erythema. No temperature changes. The plan included a peripheral nerve block on the left sinus tarsi, a trigger point injection, and a request for Norco and Soma for spasms. There is a 1/19/11 document that states that the patient wears Lidoderm patches on his left heel for foot pain twice a day. He still takes Vicodin and Soma two to three times a day, morning, noon and night, as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 325MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MUSCLE RELAXANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol Page(s): 63,65.

Decision rationale: The guidelines state that this medication should not be used for more than a 2-3 weeks period and this is second line for acute exacerbations of chronic low back pain. The documentation does not indicate an acute exacerbation of low back pain. There is documentation of Soma use dating back to 2011. The request as written does not indicate a quantity or time limited duration of use. The request for Soma 325mg is not medically necessary.