

Case Number:	CM14-0083660		
Date Assigned:	07/21/2014	Date of Injury:	04/28/2010
Decision Date:	09/19/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

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 & Rehabilitation, 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 55-year-old female who reported an injury on 04/28/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 07/02/2014 indicated diagnoses of cervical degenerative disc disease and bilateral shoulder impingement syndrome. The injured worker reported pain in her neck and both shoulders with difficulty sleeping, grooming, and hygiene due to her symptoms. On the physical examination of the cervical spine, there was tenderness to palpation of the cervical spine with muscle guarding and decreased range of motion. The examination of the shoulders revealed tenderness to palpation of the bilateral shoulders with decreased range of motion and decreased motor strength. The injured worker's treatment plan was not provided for review. The injured worker's prior treatments included diagnostic imaging and medication management. 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 tab 350mg #10 with 1 refill: 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 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. There is a lack of documentation of the injured worker's medication regimen. In addition, there is a lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, it was not indicated how long the injured worker had been utilizing this medication. Additionally, the request does not indicate a frequency for the Soma. Therefore, the request is not medically necessary.