

Case Number:	CM14-0091135		
Date Assigned:	09/10/2014	Date of Injury:	12/28/1999
Decision Date:	10/10/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/16/2014

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 Practice 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:

This 60 yr. old male claimant sustained a work injury on 12/28/99 involving the right wrist and left leg. He was diagnosed with a right wrist fracture and left distal tibia fracture. He had been on Norco and Soma since at least 2013 for pain control. A progress note on 5/1/14 indicated the claimant had continued 8/10 ankle pain with medication and 10/10 without. Exam findings were notable for palpatory left ankle and foot pain with some inversion and discoloration. The treating physician requested continuation of Norco and Soma.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: According to the MTUS guidelines, Soma is not recommended and not indicated for long-term use. As combination with Hydrocodone (like Norco), the medication can have an effect that some abusers claim is similar to heroin. The claimant had been on Soma for

over a year. There was no improvement in pain or function over prior visits. The combination with Norco is not indicated. The Soma is not medically necessary.