

Case Number:	CM14-0181457		
Date Assigned:	11/06/2014	Date of Injury:	02/11/2003
Decision Date:	01/16/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/31/2014

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 claimant is a 48-year-old female with 11/1/97 date of injury. The attending physician report dated 9/23/14 indicates that the patient presents with persistent neck pain traveling into the upper extremities bilaterally. She also complains of persistent pain in both knees (right greater than left). Physical examination findings include tenderness in the neck and upper back, and decreased neck range of motion. Decreased sensation was noted in the C6 and C7 dermatome region bilaterally. Tenderness and crepitation was noted in the knees bilaterally. The current diagnoses are: 1. Cervical spondylosis and degenerative disk disease with radiculopathy, 2. Right shoulder arthritis versus rotator cuff injury, 3. Lumbar degenerative disc disease with low back pain and bilateral lower extremity pain, 4. Right knee arthritis. The utilization review report dated 10/10/14 denied the request for Soma 350 #60, based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 7/22/14) Soma 350 #60: Upheld

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

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

Decision rationale: The claimant presents with persistent neck pain traveling into the upper extremities bilateral and bilateral knee pain. The current request is for Soma 350 #60. The MTUS guidelines do not recommend long term use of Soma and states, "recommendation of 2-3 weeks." After an extensive review of the medical records supplied it would appear that the claimant has been taking Soma since at least April 29, 2014. There is nothing in the medical records to support long term use of this medication. Therefore, the request for continued use of the medication Soma is not viewed as medically necessary.