MAXIMUS Federal Services

Case Number:	CM14-0184333		
Date Assigned:	12/12/2014	Date of Injury:	09/22/1997
Decision Date:	01/21/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/05/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 53 year old female with an injury date on 9/22/97. The patient complains of sharp lumbar pain radiating into the left buttock, pain rated 5/10, right hand pain shooting from outside of thumb into the top of the hand with numbness/tingling, pain rated 4/10, and left shoulder with 0/10 pain but only if she doesn't move it per 9/11/14 report. The pain is awakening her in the middle of the night per 9/11/14 report. The left shoulder had 2/10 pain, and there was no right hand pain per 6/4/14 report. The patient had to stop physical therapy when she got her hiatal hernia surgery per 6/4/14 report. Based on the 9/11/14 progress report provided by the treating physician, the diagnoses are: 1. s/p L4-S1 fusion2. multi-level lumbar spine spinal canal stenosis3. partial thickness bilateral super spinatus tendon tear4. left SLAP tear5. right carpal tunnel syndrome6. right de Quervain's, clinically7. lumbar spine radiculopathyA physical exam on 9/11/14 showed "full range of motion of right hand. L-spine range of motion is limited with flexion 40/90." Left shoulder range of motion testing was not included in reports. The patient's treatment history includes medications (currently NSAID, opioid, Soma and Ambien), physical therapy. The treating physician is requesting soma 350mg #60 with 1 refill. The utilization review determination being challenged is dated 10/22/14. The requesting physician provided treatment reports from 4/23/14 to 9/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 with 2 refills: 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; Muscle Relaxants Page(s): 29; 63-66.

Decision rationale: This patient presents with back pain, right hand pain. The provider has asked for Soma 350mg #60 with 2 refills on 9/11/14. Patient has been taking Soma since 6/4/14 report. Regarding Soma, MTUS does not recommend for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects.In this case, the patient has been taking Soma for more than 3 months. MTUS does not recommend long term use of Soma (longer than 2-3 weeks). The requested soma 350mg #60 with 1 refill is not medically necessary.