

Case Number:	CM14-0186369		
Date Assigned:	11/14/2014	Date of Injury:	12/02/2013
Decision Date:	01/05/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational Medicine 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 patient is a 37 years /old male who has developed chronic cervical and shoulder pain subsequent to an injury dated 12/2/13. He is diagnosed with a cervical radiculopathy with radiation into the upper extremities. He is also diagnosed with shoulder tendonitis. His exam findings include a positive Spurling's test, but no muscle spasm is documented. Ibuprofen is utilized as an analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS Guidelines specifically address this drug and do not recommend its use. There are no unusual circumstances to justify an exception to Guidelines, the Soma 350mg. #60 are not medically necessary.