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| Case Number: | CM14-0187912 | | |
| Date Assigned: | 11/18/2014 | Date of Injury: | 10/30/2009 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 10/31/2014 |
| Priority: | Standard | Application Received: | 11/11/2014 |

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 Pain 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:

The injured worker is a 63-year-old male who reported injury on 10/30/2009. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of shoulder pain. Past medical treatment consists of surgery, physical therapy, durable equipment, and medication therapy. Medications include Lidoderm, Norco, Soma, Neurontin, atenolol, Diovan, metformin, Xanax, aspirin, and Lipitor. Diagnostics consist of a urine drug screen that was obtained on 09/18/2014 showing that the patient was consistent with prescription medications. On 10/16/2014, the patient complained of right shoulder pain. Examination of the right shoulder revealed surgical scarring. Movements were restricted with flexion limited to 85 degrees limited by pain, extension limited to 10 degrees limited by pain, abduction limited to 90 degrees limited by pain, adduction limited to 10 degrees limited by pain, and external rotation limited to 10 degrees limited by pain. Hawkins test was positive, as was Neer's test. Shoulder crossover test was positive as well. There was a negative drop arm test. On palpation, tenderness was noted in the acromioclavicular joint, biceps groove, glenohumeral joint, and sub deltoid bursa. On sensory examination, light touch sensation was decreased over lateral hand and anterior shoulder. The medical treatment plan is for the injured worker to continue with medication therapy. There was no rationale or request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG Twice Daily #60: Upheld

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

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

Decision rationale: The request for Soma 350 mg twice daily #60 is not medically necessary. The California Medical Treatment Utilization Schedule does not recommend Soma. The medication is not indicated for long term or short term use. Soma is now scheduled in several states, but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. The submitted reports did not indicate that the injured worker had a diagnosis of anxiety. The submitted documentation indicates that the injured worker has been taking Soma since at least 10/2013, exceeding the recommended guidelines. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request for Soma 350 mg twice daily #60 is not medically necessary.