

Case Number:	CM14-0203350		
Date Assigned:	12/15/2014	Date of Injury:	03/05/2004
Decision Date:	02/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/04/2014

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:

Patient had a date of injury on 3/5/2004. Patient slipped on the floor falling backwards hitting her lower back and tailbone on a metal rack, her legs went under the metal rack cutting her shins and left hand. Patient had xrays done which were normal, physical therapy, acupuncture, epidural steroid injection and placed on pain medications. Diagnosis includes: sprain/strain left shoulder, sprain/strain left wrist and hand, sprain/strain lumbar spine with left lower extremity radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 150mg #90: Upheld

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

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

Decision rationale: According to guidelines, it recommends Soma to be used for short term and is not recommended for long term use. The patient has been on Soma for an extensive period of time. The request is not medically necessary.