

Case Number:	CM15-0003905		
Date Assigned:	01/15/2015	Date of Injury:	11/05/2001
Decision Date:	03/23/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who reported an injury on 11/05/2001 due to an unspecified mechanism of injury. On 08/01/2014, he presented for a followup evaluation. He reported a history of depression and was noted to have undergone a left elbow ligament surgery. His medications included sertraline HCL 100 mg tablets, Seroquel 50 mg, Lidoderm 5% patches, and carisoprodol 350 mg. At the visit, he reported complaints of burning pain in the elbow and tingling into the left elbow with burning dorsal and volar numbness in the left. He also had pain with range of motion of the left shoulder. He was diagnosed with left joint pain in the upper arm. The treatment plan was for Soma 350 mg twice a day #60. The rationale for treatment was to continue to treat the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg b.i.d #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS Guidelines, Soma is not recommended and is not indicated for long term use. Based on the clinical documentation submitted for review the injured worker was noted to be symptomatic regarding the neck and upper extremity. The injured worker was noted to be taking multiple medications to alleviate his symptoms. However, Soma is not recommended by the guidelines for use and is not indicated for long term use. There is a lack of documentation regarding how long the injured worker has been using this medication and without this information, continuing would not be supported. Furthermore, there is a lack of documentation showing that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of this medication. Therefore, the request is not supported. As such, the request is not medically necessary.