

Case Number:	CM15-0166264		
Date Assigned:	09/03/2015	Date of Injury:	01/19/2000
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/24/2015

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

Certification(s)/Specialty: Emergency Medicine

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 77 year old female, who sustained an industrial injury on 1-19-2000, resulting from a slip and fall. The injured worker was diagnosed as having joint pain, shoulder. Treatment to date has included diagnostics, chiropractic, acupuncture, mental health treatment, and medications. Currently, the injured worker complains of a lot of pain and limitation with reaching at or above the shoulder level. Exam noted painful and restricted cervical range of motion, hypertonic right trapezius-levator scapula-rhomboid musculature, and tenderness to palpation C5-T4. She was prescribed Soma. Documentation of a large amount of spasm in her shoulder and arm was noted in 2013, despite the use of Soma for greater than 6 months. Recently, the use of Soma was noted since at least 2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Soma 350mg #90: 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 Carisprodol, Page 29; Muscle Relaxants, Pages 63-66 Page(s): 63-66, 29.

Decision rationale: The requested 1 prescription of Soma 350mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain and limitation with reaching at or above the shoulder level. Exam noted painful and restricted cervical range of motion, hypertonic right trapezius-levator scapula-rhomboid musculature, and tenderness to palpation C5-T4. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, 1 prescription of Soma 350mg #90 is not medically necessary.