

Case Number:	CM15-0185752		
Date Assigned:	09/28/2015	Date of Injury:	04/01/2007
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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:

This injured worker is a 42 year old male, who sustained an industrial injury on 04-01-2007. The injured worker was diagnosed as having left shoulder arthroscopy with labral repair, capsulorrhaphy, subacromial decompression, extensive synovectomy and debridement of rotator cuff on 08-04-2015. On medical records dated 08-14-2015 and 08-04-2015, the subjective complaints were noted as being post op 08-04-2015 and in constant pain. Objective findings were noted as left shoulder, no signs of infection and arm was in a sling with pillow, treatments to date included medication, laboratory studies and surgical intervention. Current medications were listed as Norco and Soma. The injured worker has taking Soma since at least 12-2014. The Utilization Review (UR) was dated 09-01-2015. A Request for Authorization was dated 08-21- 2015 for Soma 350mg TID #90 with 1 refill. The UR submitted for this medical review indicated that the request for Soma 350 mg TID #90 with 1 refill was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg TID #90 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the MTUS section on chronic pain muscle relaxants (such as soma) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. In this case the patient has received soma for chronic pain for longer than the recommended amount of time. The continued use of soma is not medically necessary.