

Case Number:	CM15-0201253		
Date Assigned:	10/20/2015	Date of Injury:	10/10/1996
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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: Preventive Medicine, Occupational 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 68 year old male with a date of injury on 10-10-1996. The injured worker is undergoing treatment for major depression, cervical spine sprain-strain, cervical spine degenerative disc disease, status post right shoulder arthroscopy debridement, lumbar spine sprain-strain, lumbar spine degenerative disc disease, status post carpal tunnel syndrome. A physician progress note dated 04-08-2015 documents the injured worker continues to have intermittent pain along his cervical spine, lumbar spine and right shoulder. Lumbar spine flexion is 75 degrees, extension 10 degrees, and straight leg raise is 90 degrees bilaterally. A psyche progress note dated 07-07-2015 documents the injured worker is alert and oriented, with a depressed mood. Mood follows cyclical patterns. He is sad, tearful and is overwhelmed. Current psyche meds include Klonopin, Trazadone, and Prozac. Another medication is listed but difficult to decipher. A psyche progress note dated 08-19-2015 documents he has monotone speech, and mood is anxious. He enjoys watching cowboy movies. "What if" questions persist. He is easily overwhelmed. He remains depressed, easily overwhelmed, tearful and grateful for any assistance. Several documents within the submitted medical records are difficult to decipher. He is not working he is retired. Treatment to date has included medications, surgery, and psychotherapy. Current medications include Norco, Celebrex, Soma, Prozac, and Trazadone. Other medications are listed but difficult to decipher. On 09-14-2015 Utilization Review non-certified the request for Soma 350mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: MTUS Guidelines are very specific with the recommendation that Soma not be utilized as a medication for muscle relaxation or for pain relief under any circumstances. There are no unusual specifics that would justify an exception to the Guidelines. The Soma 350mg, #60 is not supported by Guidelines and is not medically necessary.