

Case Number:	CM15-0044692		
Date Assigned:	03/17/2015	Date of Injury:	02/19/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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, Pediatrics

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 58-year-old female who reported an injury on 02/19/2013. The mechanism of injury was not stated. The current diagnoses include chronic full thickness rotator cuff tear of the right shoulder, chronic recurrent right shoulder sprain and impingement syndrome, bursitis of the right shoulder, radiculopathy of the right upper extremity, and degenerative cervical spine disc disease. The injured worker presented on 02/12/2015 for a follow-up evaluation with complaints of persistent right shoulder pain. It was noted that the injured worker was status post right shoulder surgery on 03/13/2014 with residual symptoms. Upon examination of the right shoulder, there were 125 degrees abduction, 140 degrees flexion, and positive orthopedic testing. The injured worker was instructed to continue with physical therapy. Medications were noted to be adjusted. A Request for Authorization form was then submitted on 02/13/2015 for Soma 350 mg quantity #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisorodol 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. In this case, the injured worker has utilized the above medication since at least 10/2013. There was no documentation of palpable muscle spasm upon examination. There was also no mention of objective functional improvement despite the ongoing use of this medication. The guidelines do not support long term use of this medication. There was also no frequency listed in the request. As such, the request is not medically necessary.