

Case Number:	CM15-0053658		
Date Assigned:	03/27/2015	Date of Injury:	08/26/2011
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 39 year old male who sustained a work related injury August 26, 2011. Past history included hypertension, s/p right hip surgery November, 2011. According to a primary treating physician's progress report, dated February 23, 2015, the injured worker presented with continuing persistent neck, low back, right hip, and right lower extremity pain. He noted having throbbing headaches at times and continues to have intermittent incontinence and constipation. He does sit in a wheelchair and is able to stand and transfer to the bedside commode and shower. Treatment plan included continue current medications; consultation with physician; referral for cardiologist and gastroenterologist, and encouraged to perform exercise. A urine drug screen was obtained.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 90 with two refills: 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(s): 29.

Decision rationale: This 39 year old male has complained of right hip pain and right leg pain since date of injury 8/26/11. He has been treated with right hip surgery, physical therapy and medications to include Carisoprodol (Soma) since at least 12/2014. The current request is for Soma. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short-term basis (4 weeks or less). On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not indicated as medically necessary.