

Case Number:	CM14-0119652		
Date Assigned:	08/06/2014	Date of Injury:	09/24/2013
Decision Date:	09/29/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 47 year old female was reportedly injured on September 24, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated June 11, 2014, indicates that there are ongoing complaints of left shoulder pain and bilateral elbow pain. The physical examination demonstrated tenderness at the acromioclavicular (AC) joint of the left shoulder, positive Neer's and Hawkins test on the right shoulder and pain with motion bilaterally. Diagnostic imaging studies of the left shoulder indicated a full thickness tear of the supraspinatus tendon and hypertrophic changes at the AC joint. There was also subacromial/subdeltoid bursitis. Previous treatment includes a left shoulder subacromial decompression and an open rotator cuff repair. A request was made for soma and was not certified in the preauthorization process on July 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 35mg qty 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 of 127..

Decision rationale: Soma is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Soma is not medically necessary.