

Case Number:	CM14-0145723		
Date Assigned:	09/12/2014	Date of Injury:	03/21/2003
Decision Date:	10/14/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/08/2014

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 California. 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 injured worker is a 55-year-old male who reported an injury on 03/21/2003. The mechanism of injury was not provided. On 08/11/2014, the injured worker presented for a follow-up following a hospital visit on 07/11/2014 for atrial fibrillation. The physical examination was within normal limits. The diagnoses were hypertension, gastritis, insomnia, hypertensive heart, obesity, and headache. Prior therapies were not listed. The provider recommended Soma. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 29..

Decision rationale: The request for Soma is not medically necessary. The California MTUS does not recommend Soma. The medication is not needed for long term use. It is a centrally acting skeletal muscle relaxant. Abuse has been noted for sedative and relaxant effects. As the

guidelines do not recommend Soma, the medication would not be indicated. Additionally, the provider does not indicate the dose, quantity, or frequency of the medication in the request as submitted. There is lack of exceptional factors provided in the documentation submitted to support approving outside the guideline recommendations. As such, the medical necessity has not been established.