

Case Number:	CM14-0160574		
Date Assigned:	10/06/2014	Date of Injury:	06/11/2014
Decision Date:	11/06/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/30/2014

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 Occupational Medicine 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:

This 51-year-old man had a date of injury of 6/11/14 where he was struck in the nose by a 5-gallon container of ice water that had fallen from 3 stories above him. The blow caused him to fall to the ground landing on his right side and injuring his right hand and wrist. He has complaints of constant pain to his right forearm, wrist and hand as well as pain and stiffness to his cervical spine with radiation to his left arm and associated numbness and tingling. A physical examination dated 7/8/14 revealed tenderness to palpation over the para-axial musculature, left trapezius and left levator scapulae with spasticity. The exam also noted limited range of motion to the cervical spine. In terms of the right extremity, the 7/8/14 exam demonstrated tenderness to palpation over the dorsal radiocarpal joint and ulnar styloid with limited range of motion. Initial emergency department evaluation from 6/16/14, however, reveals no tenderness to palpation of the spine and only tenderness to palpation of the maxillary area and head. Additionally, the neurologic exam was normal at that time. The patient has documented evidence of a right wrist sprain, cervical sprain and strain, lumbar sprain and strain, head and facial contusion and elbow fracture. Treatment to date: medications include Soma, Norco, naproxen, ibuprofen, nasal surgery (1992). A UR decision dated 9/5/14 determined a modified certification for one refill of Soma to allow for weaning but that otherwise the medication was not recommended because MTUS guidelines do not support long-term use.

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 Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29,65.

Decision rationale: The MTUS guidelines do not support long-term use of Soma as it has been identified as a controlled substance and its use is recommended for a 2-3 week period only with a maximum of 6-month period of validity for new prescriptions. This patient had been on Soma since at least July 2014, and there is a lack of evidence with regard to a decrease in pain and functional gains. In addition, since starting the Soma, the patient's pain has increased. Therefore the request for Soma 350mg #60 is not medically necessary and appropriate.