

Case Number:	CM14-0183551		
Date Assigned:	11/10/2014	Date of Injury:	01/03/2001
Decision Date:	12/12/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family Practice 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:

48-year-old male claimant who sustained a work injury on January 3, 2003 involving the low back, neck, both shoulders and left hip. He was diagnosed with a lumbar degenerative disc disease, chronic right shoulder pain and chronic hip pain. A progress note on September 20, 2014 indicated the claimant had persistent 9/10 shoulder and back pain. Exam findings indicated the claimant had pain radiating from the low back to the right leg. He had been performing physical therapy. He had previously been receiving Tramadol for pain. The treating physician initiated Diclofenac 75 mg BID and Soma 350 mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and

relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, the claimant had no indication of acute mild spasms. There is no proven benefit for chronic musculoskeletal pain. The use of Soma is not medically necessary.

Diclofenac 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs such as Diclofenac is recommended as an option for short-term symptomatic relief for chronic low back pain. It is no more effective than Tylenol or narcotics. The claimant had already been on an opioid analgesic- Tramadol. In this case there is no indication of an acute exacerbation of any chronic pain. There is no indication superiority of Diclofenac over Tramadol. The Diclofenac as prescribed above is not medically necessary.