

Case Number:	CM14-0099496		
Date Assigned:	07/28/2014	Date of Injury:	07/13/2013
Decision Date:	10/08/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/27/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 35-year-old male with a reported date of injury on 07/13/2013. The mechanism of injury reportedly occurred when the injured worker struck his head on a metal box while entering a bank vault at work. The injured worker had diagnoses including head injury with cerebral concussion, post-concussive syndrome with migraine headaches, cognitive impairment and mood disorder, musculoligamentous cervical and lumbosacral sprain, resulting in multilevel disc injuries in the lumbosacral spine. Prior treatment included physical therapy, neurological evaluation 02/18/2014. Diagnostic studies included a CT scan of the brain on 08/29/2013, an MRI of the lumbar spine on 09/26/2013. The injured worker underwent left shoulder arthroscopy. The injured worker complained of constant neck pain aggravated by range of motion, constant upper back pain and severe migraine headaches. He stated that he had an average of 4-5 migraine headaches per week. The injured worker stated the pain was usually frontal and temporal and throbbing with nausea, sensitivity to light and noise with occasional vomiting. The clinical note dated 05/20/2014 reported the injured worker remained affected by anxiety/depression and was often tearful and extremely frustrated. There was no facial weakness. The treatment plan included a request for Soma 350 mg (qty unspecified). The physician recommended Soma 350 mg (qty unspecified) for the injured worker headaches. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg (qty unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Carisoprodol

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request Soma 350mg (qty unspecified) is not medically necessary. The injured worker complained of constant neck pain aggravated by range of movements, constant upper back pain and severe migraine headaches. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and decreasing mobility. Soma is recommended for longer than a 2 to 3 week period. The injured worker has been prescribed Soma since at least 02/18/2014. Continuation of this medication would exceed the guideline recommendation for use for 2-3 weeks. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.