

Case Number:	CM15-0006799		
Date Assigned:	01/22/2015	Date of Injury:	06/10/2011
Decision Date:	03/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female who reported an injury on 06/10/2011. A previous request was made on 12/11/2014 for Soma 350 mg a total of 60 tablets and Vicodin 5/300 mg a total of 60 tablets. She was diagnosed with lumbar strain, lumbar disc disease, left shoulder impingement, and left shoulder anterior labral tear. The injured worker was seen on 11/13/2014, whereupon it was indicated she had undergone an MRI of the left shoulder. Range of motion of the left shoulder was very restricted with provocative testing positive. Additionally, she had a positive straight leg raise and difficulty standing on her toes and heels. The MRI of her left shoulder revealed degenerative tearing of the anterior labrum with mild degenerative changes in the AC joint, but no other significant abnormalities.

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 Page(s): 29 and 63-65.

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

Decision rationale: According to the California MTUS Guidelines, carisoprodol is not recommended for long term use. In the case of the injured worker, the recent clinical documentation did not specify that this medication had been effective in reducing her overall symptoms and improving her functional ability. Without having sufficient findings on examination, as well as recommendation for continuation of use via the California Guidelines, the request cannot be supported and is not medically necessary.

Vicodin 5/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, 74-78, 80, 91, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, without having a current urine drug screen provided for review to verify the injured worker has been compliant with her medication regimen, the requested service cannot be supported and is considered not medically necessary.