

Case Number:	CM15-0111915		
Date Assigned:	06/23/2015	Date of Injury:	12/07/2011
Decision Date:	07/23/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/10/2015

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

Certification(s)/Specialty: Emergency Medicine

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 female who sustained an industrial injury on December 2, 2011. She has reported right upper extremity pain and right shoulder pain and has been diagnosed with bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, right shoulder residual mild capsulitis, and status post right carpal tunnel release, previous recent ulnar nerve release on the right. Treatment has included medications, physical therapy, a home exercise program, and surgery. The right shoulder showed minimal palpable tenderness in the right shoulder girdle or AC joint subacromially. Right elbow showed a surgical scar. Range of motion was within normal limits. The treatment request included Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Soma DOS 11/6/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page 29;Muscle Relaxants, Pages 63-66 Page(s): 29, 63-66.

Decision rationale: The requested Retro Soma DOS 11/6/14, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has right shoulder pain. The treating physician has documented minimal palpable tenderness in the right shoulder girdle and AC joint subacromially. Right elbow showed a surgical scar. Range of motion was within normal limits. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Retro Soma DOS 11/6/14 is not medically necessary.