

Case Number:	CM15-0077980		
Date Assigned:	04/29/2015	Date of Injury:	09/25/2013
Decision Date:	05/29/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/23/2015

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: Physical Medicine & Rehabilitation, Pain Management, Occupational 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:

This 55 year old male sustained an industrial injury to the neck, right shoulder, left wrist, left knee, pelvis and back on 9/25/13. Previous treatment included x-rays, magnetic resonance imaging, electromyography, sutures, staples, slings, home exercise, ice/heat and medications. On 1/13/15, the injured worker was evaluated by a pain management specialist and given prescriptions for Baclofen and Tylenol # 3. In an orthopedic surgery PR-2 dated 3/27/15, the injured worker complained of ongoing pain. Physical exam was remarkable for left elbow with tenderness to palpation, positive muscle weakness and abnormal sensation distally with decreased range of motion. Current diagnoses included left elbow osteoarthritis, lateral epicondylitis, lumbar spine spondylosis, cervical spine spondylosis and shoulder osteoarthritis. The treatment plan included magnetic resonance imaging of the lumbar spine and bilateral hips, surgical excision of foreign bodies and prescriptions for Percocet and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg Qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS 2009 recommends that muscle relaxants such as Soma only be used for short term treatment of exacerbations of chronic pain. The ongoing use of Soma does not adhere to MTUS 2009. Past use of Soma has not resulted in any meaningful functional recovery. Soma is metabolized to meprobamate, which is a Schedule IV controlled substance. This request for Soma 350 mg #90 is denied since its use does not adhere to MTUS 2009 and there is no evidence that it is effective in the care of this patient. Therefore, the requested medical treatment is not medically necessary.