

Case Number:	CM14-0148215		
Date Assigned:	09/18/2014	Date of Injury:	12/26/2002
Decision Date:	10/20/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/11/2014

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 and Rehabilitation and is licensed to practice in Louisiana. 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 patient is a 53 year old male who was injured on 12/26/2002. The mechanism of injury is unknown. Prior medication history included as of 01/15/2014 included Soma 350 mg and Lunesta 3 mg. Progress report dated 08/06/2014 states the patient presented with complaints of anterior shoulder pain. On exam, he had tenderness to palpation over the AC joint and pain with cross-body maneuvers and range of motion is full. The lumbar spine revealed forward flexion to 70 degrees; extension to 10 degrees; lateral bending to 30 degrees. Sitting straight leg raise is negative bilaterally. The patient is diagnosed with right S1 radiculopathy; active C5 through C8 radiculopathy on the left; status post spinal cord stimulator implantation; status post left partial lateral epicondylectomy and extensor tendon repair. The patient was recommended Soma 350 mg #30 with 2 refills. Prior utilization review dated 08/30/2014 states the request for Soma 350 mg, thirty count with two refills is not certified as there was no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, thirty count with two refills: 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): 63-66.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Carisoprodol is commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance) and is recommended for a short-term use. In this case, the supporting documentation indicated the use of Soma since 2012 and long term use is not recommended by the guidelines. Therefore, this request is not medically necessary.