

<b>Case Number:</b>	CM13-0047744		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	12/15/2004
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Occupational Medicine, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 15, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of October 21, 2013, the claims administrator partially certified request for 12 office visits as one office visit. Oxycodone was approved while Soma was denied. Non-MTUS ODG Guidelines were cited in the office visit modification, although the MTUS does address the topic. The applicant's attorney subsequently appealed. The applicant underwent cervical epidural steroid injection therapy on April 2, 2013. An office visit of April 3, 2013 is notable for comments that the applicant is permanent and stationary. Percocet, Cymbalta, and Soma were endorsed. It did not appear that the applicant was working. On January 9, 2014, the attending provider again issued prescriptions for oxycodone and Soma. The applicant was given a shot of Toradol for an acute flare-up neck pain. A radiofrequency rhizotomy procedure was also pursued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OFFICE VISIT FOLLOW UP X 11 VISITS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Follow-up Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** No, the request for 11 follow-up visits is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 177, the frequency of follow-up visits should be dictated by an applicant's work status. In this case, the applicant is permanent and stationary. Permanent restrictions are in place. The applicant's status is essentially static. Less frequent office visits are therefore appropriate here. While a few office visits could have been supported here, it is unclear why 11 office visits are all being sought concurrently. Therefore, the request is not certified, on Independent Medical Review.

**SOMA 350MG QTY # 45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63.

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

**Decision rationale:** The request for Soma is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is using opioid agents, including oxycodone. Adding carisoprodol or Soma to the mix is not recommended. Therefore, the request is not certified, on Independent Medical Review.