

Case Number:	CM13-0069761		
Date Assigned:	01/03/2014	Date of Injury:	11/09/1998
Decision Date:	04/25/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 59-year-old female who reported an injury on 11/09/1998. The mechanism of injury was not specifically stated. The patient is diagnosed with failed neck surgery syndrome, cervical radiculopathy, myofascial pain syndrome, and cervicogenic headaches. The patient was seen by [REDACTED] on 10/23/2013. The patient reported persistent neck pain with radiation to bilateral upper extremities. Physical examination on that date revealed, limited cervical range of motion, tenderness to palpation, trigger points bilaterally, and intact sensation and motor strength. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 250MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66,124.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has

utilized Soma 250 mg, 4 times per day, since at least 05/2013. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination continues to reveal tenderness to palpation, limited range of motion, and trigger points. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request for Soma 250mg, #120 is not medically necessary and appropriate.

PERCOCET: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: This request is nonspecific and does not include a dosage, frequency, or quantity. Therefore, the request is not medically appropriate and is non-certified

IBUPROFEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: This request is nonspecific and does not include a dosage, frequency, or quantity. Therefore, the request is not medically appropriate and is non-certified.