

<b>Case Number:</b>	CM14-0113758		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Anesthesiology, 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 injured worker is a 45 year old male who had a work related injury on 06/22/12. The mechanism of injury is not documented. Most recent clinical record submitted is dated 07/21/14. The injured worker presented in the office for neck pain and lower back ache. Pain level has remained unchanged since last visit. Current medications are Norco 10/325 one every 4-6 hours as needed maximum 4 a day, Soma 350 mg. MRI of the cervical spine dated 09/06/12 revealed a small posterior disc protrusion at C5-6 and C6-7 which indent the anterior margin of the thecal sac. No significant foraminal narrowing at these levels. At C3-4, uncovertebral hypertrophy leads to mild foraminal narrowing. The injured worker does not use assistive devices in ambulating. Cervical spine notes no cervical lordosis. Range of motion is restricted with flexion, extension, right lateral bending, left lateral bending and bilateral lateral rotation. Examination of the paravertebral muscles noted tenderness on both sides. No spinal process tenderness is noted. Tenderness is noted at the paracervical muscles. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremities. Biceps reflex is 2/4 on both sides. Triceps reflex is 2/4 bilaterally. Brachioradialis reflex is 2/4 bilaterally. Sensory exam, sensation to pinprick is decreased over the C5, C6, C7 and C8 upper extremity dermatomes on the right side. Hoffman's sign is negative. Spurling's test is negative. Prior utilization review on 07/02/14 was non-certified. There is a note on the 07/21/14 office visit that states that he has evidence of radiculopathy on examination, positive Spurling's (clearly under special tests he states that Spurling's test is negative), decreased pinprick sensation on the right C5, C6, C7, and C8 dermatomes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma CPD:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, muscle relaxant (for pain).

**Decision rationale:** The request for Soma CPD is not medically necessary. The current evidence based guidelines do not support the request for continued use of soma. Not recommended in ODG. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute low back pain (LBP) and for short-term treatment of acute exacerbations in patients with chronic LBP. A 250 mg formulation was FDA approved in September of 2007 for treatment of acute, painful musculoskeletal conditions such as backache. Neither of these formulations is recommended for longer than a 2 to 3 week period. As such medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

**Cervical ESI:** 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 Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The request for Cervical Epidural Steroid Injection (ESI) is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request for cervical ESI. There is no documentation of radiculopathy, sensation to pinprick is decreased over the C5, C6, C7 and C8 upper extremity dermatomes on the right side. Hoffman's sign is negative. Spurling's test is negative. ESI is not indicated for numbness in an extremity. Therefore medical necessity has not been established.