

Case Number:	CM14-0118508		
Date Assigned:	08/06/2014	Date of Injury:	01/13/2004
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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 Florida. 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 61-year-old female with a reported date of injury on 01/13/2004. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include status post cervical fusion at C4-5 and right cervical facet pain at C3-4, and C5-6. Her previous treatments were noted to include medial branch blocks, medication, chiropractic therapy, physical therapy, and a TENS unit. The progress note dated 06/12/2014 revealed the injured worker complained of neck, bilateral shoulder, and arm pain. The injured worker indicated she had left sided neck pain, headaches and shoulder pain. The physical examination revealed cervical pain with extension and rotation, right greater than left. The provider indicated the range of motion to the upper extremities was within normal limits and motor strength was rated 5/5. The deep tendon reflexes were equal bilaterally and within normal limits, as well as sensation. The injured worker reported she did not feel the orphenadrine worked as well as the Soma, as it had in the past. The Request for Authorization form was not submitted within the medical records. The request was for Soma 350 mg quantity 60, however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, QTY #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Non-Sedating Muscle Relaxants.

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

Decision rationale: The request for Soma 350 mg quantity 60 is non-certified. The injured worker complains of neck and upper extremity pain. The California Chronic Pain Medical Treatment Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxants medications. There is a lack of documentation regarding efficacy of this medication other than Soma worked in the past better than orphenadrine. There is a lack of documentation regarding muscle spasm to warrant a muscle relaxant. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, this request is not medically necessary.