

Case Number:	CM14-0139424		
Date Assigned:	09/05/2014	Date of Injury:	09/20/2002
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 54 year old male who had a work related injury on 09/20/02. He injured himself when he fell off a ladder. He complained of pain to his bilateral upper extremities, neck, and cervicogenic headaches. He has had several falls; he has had a recent knee surgery. He now ambulates with a single point Canadian crutch. He is status post 3 level cervical spine fusion from C3 to C6. Last year he decided to relinquish his regular driver's license secondary to lack of cervical range of motion. He has undergone a number of cervical epidural steroid injections some with temporary relief lasting up to several months. He has also undergone RFTC. He complains of pain primarily in his neck as well as right shoulder and headaches which are constant. He has undergone a spinal cord stimulator trial which he failed because he only received 40% relief. He has also undergone functional restoration. Physical examination dated 06/10/14 he appears alert and oriented. He appears well-developed. Well-nourished. No acute distress. There was no atrophy or wasting of the muscles in the cervical spine. There was no evidence of scar, spasm, or deformity. Range of motion of the cervical spine is reduced. There is tenderness present in the cervical paravertebral region bilaterally at C3-4, C4-5, and C5-6 levels. Spurling's test is positive on the right for neck pain as well as radiculopathy. Spurling's test is positive on the left for neck pain only. Diagnosis radiculopathy cervical. Cervical spondylosis. Shoulder joint pain. Prior utilization review on 08/19/14 was non-certified. Current request is for Soma 350mg, quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the patient is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. Therefore, medical necessity has not been established.