

Case Number:	CM14-0159067		
Date Assigned:	10/02/2014	Date of Injury:	01/20/1999
Decision Date:	10/29/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/29/2014

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 Geriatrics and is licensed to practice in New York. 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 49 year old woman with a date of injury of 1/20/99. She was seen by her pain provider on 9/12/14 with complaints of left sided neck pain and low back pain which radiated to her upper and lower extremities. She also had bilateral knee pain; left worse than right and frequent, severe migraines. She had a C4-5, C6-7 epidural spine injection on 8/5/14 which was 'greatly beneficial' and provided at least 80% pain relief. She stated her medications were beneficial also with no side effects and that they allowed her to complete her necessary activities of daily living. Her medications included Dilaudid, Percocet, Zofran, soma, valium and a patch. Her exam showed she was unimpaired by medication side effects. She had moderate tightness and tenderness to palpation over the bilateral trapezii and interscapular area. She had a 75% cervical rotation restriction. She had diffuse lumbar pain across the lumbosacral area extending to the bilateral SI joints with 50 - 75% restriction in motion and positive straight leg raises bilaterally. Her strength was 5/5 in all muscle groups. Her assessment/diagnoses included cervical degenerative disc disease status post C5-6 fusion, cervical facet osteoarthritis, lumbar degenerative disc disease, arthropathy and radiculopathy, cervicgia, migraines and degenerative joint disease in bilateral knees, chronic pain syndrome and possible opiate dependence. At issue in this review is the refill of soma. Length of prior therapy was not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 12th Edition, Mcgraw Hill 2006 and Physician's Desk Reference, 68th Edition (www.RxList.com), ([http:// www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm))

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): page(s) 29, 63-66.

Decision rationale: This 49 year old injured worker has chronic pain with an injury sustained in 1999. Her medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including narcotics and muscle relaxants. With muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 9/12/14 fails to document any significant improvement in pain, functional status or side effects specifically related to soma to justify ongoing use. Muscle spasm is also not documented. The records do not support medical necessity for Soma.