

Case Number:	CM14-0169318		
Date Assigned:	10/17/2014	Date of Injury:	11/12/2001
Decision Date:	12/11/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/14/2014

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 Interventional Spine, and is licensed to practice in California. 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 68-year-old female with an injury date of 11/12/2001. Based on the 06/24/2014 progress report, the patient complains of having bilateral neck pain radiating to the bilateral shoulders. She has a severe flareup of her neck pain radiating to her upper extremities which relates to her stress. There is bilateral spasm noted in the paravertebral muscles in the neck from C2-C3 level down to the trapezius. There is some tenderness over the bilateral levator scapular muscles as well. There is palpable spasm with a trigger sign noted in the bilateral trapezius muscles and bilateral paravertebral muscles of the neck. The 07/15/2014 report indicates that the patient also has right knee pain. She has increased pain and swelling after she started her 8 sessions of physical therapy. The 07/23/2014 report indicates that the patient has cervicogenic headaches. "She states her neck has been very stiff and very sore, and she has had difficulty sitting, standing, walking and sleeping at night due to the discomfort and stiffness muscular pain in the neck." The patient rates her pain as a 9/10 and indicates that she gets 50% relief with her medication. The patient's diagnoses include the following: 1. Myofascial pain with acute cervical spasm. 2. Cervicalgia. 3. Cervical degenerative disk disease, status post cervical fusion. 4. Cervicogenic headaches. The utilization review determination being challenged is dated 09/17/2014. Treatment reports were provided from 05/06/2014 - 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Muscle Relaxants for Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: Based on the 06/24/2014 progress report, the patient complains of bilateral neck pain which radiates to her bilateral shoulders. The request is for SOMA 350 mg #150. Soma was first mentioned on the 06/24/2014 progress report; however, it is unknown when the patient first began to take this medication. MTUS page 29 states that Soma is not indicated for long-term use. In this case, there is no indication of when the patient began taking Soma. The treater does not indicate that this is for a short-term use to address a flare-up or exacerbation. Long-term use of this medication is not supported by the MTUS guidelines. Recommendation is for denial.