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| Case Number: | CM14-0021995 | | |
| Date Assigned: | 05/05/2014 | Date of Injury: | 09/17/2001 |
| Decision Date: | 10/13/2014 | UR Denial Date: | 02/13/2014 |
| Priority: | Standard | Application Received: | 02/20/2014 |

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 44 year old female injured on 09/17/01 when she was involved in a motor vehicle collision. Neither the specific injury sustained nor the initial treatments rendered were addressed in the clinical documentation submitted for review. Current diagnoses included shoulder pain, cervical radiculopathy, cervical pain, spasm of muscle, and mood disorder. Clinical note dated 01/29/14 indicated the patient presented complaining of neck pain radiating to bilateral upper extremities. The patient reported no new problems or side effects. She also reported poor sleep quality and unchanged activity level. The patient reported medications were working well for pain relief purposes. Physical examination of the cervical spine revealed decreased range of motion, tenderness to paracervical musculature, increased muscle tone of the trapezius, and tenderness to palpation on the right. Additional examination findings motor strength 5/5 in all muscle groups and Spurling test was positive. Medications included Celebrex 200mg QD, Nexium 40mg QD, doxepin 10mg QHS, Percocet 10-325mg Q four to six hours, and soma 250mg QHS. Previous procedures included multiple cervical epidural steroid injections the most recent on 06/28/13. The initial request for soma 250mg #30 plus one refill was non-certified on 02/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 250MG #30, PLUS ONE (1) REFILL:: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 9792.20, 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. As such, the requested Soma 250mg quantity 30 with one additional refill would not be medically necessary.