

Case Number:	CM14-0022009		
Date Assigned:	05/09/2014	Date of Injury:	06/21/2007
Decision Date:	07/10/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & 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 Physician 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:

This patient is a 56-year-old male with date of injury 06/21/2007. According to the treating physician's report, 12/03/2013, the patient presents with moderate to moderately severe neck pain 4/10 to 5/10, radiation to the upper extremities, constant low back pain, bilateral shoulder pain, elbow pain, wrist pain. Examination showed patient weighing 237 pounds, palpatory tenderness over the cervical paravertebral musculature, restrictive cervical range of motion, positive Spurling's bilaterally; weakness in deltoids, biceps, wrist at 4/5 with remaining motor group at 5/5, etc. The listed diagnoses are: 1. Multilevel protrusion stenosis at L2 to sacrum with acute protrusion with radiculitis and radiculopathy at L2-L3 through to the left. 2. Status post left shoulder arthroscopy on 01/30/2008. 3. Right carpal tunnel syndrome per nerve studies. 4. Cervical spine herniated disc at C3 to C6. 5. At C5-C6 chronic radiculopathy, status post bilateral knee arthroscopy. 6. Left knee lateral meniscus internal derangement. 7. Bilateral medial meniscus internal derangement. 8. Bilateral knee sprain/strain. 9. Cervical spine myofascial pain syndrome. Under treatment plan, the patient was to continue Soma #60 as needed for muscle spasm.

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.

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

Decision rationale: The MTUS Guidelines do not support chronic use of Soma for chronic pain. When this medication is used, it is only recommended for short-term use for treatment of flare-ups. In this case, the request was for #60 to be used on an as needed basis, and the treating provider does not explain that this medication is to be used for short-term only. Review of the report shows that the employee was prescribed Soma on 09/06/2013 as well as 12/03/2013 indicating that the medication is used on a chronic basis. Recommendation is for denial.