

Case Number:	CM14-0030475		
Date Assigned:	06/20/2014	Date of Injury:	10/26/2011
Decision Date:	07/17/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/10/2014

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, and is licensed to practice in California and Washington. 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 42-year-old male who reported an injury on 10/26/11. The mechanism of injury was not provided. The clinical note dated 6/3/14 noted that the injured worker presented with bilateral neck pain and bilateral upper extremity pain, left worse than right. Medications included NSAIDs, Percocet, Kadian, Norco, Soma, Motrin, and Dilaudid. Prior treatment included surgery and physical therapy. Examination of the cervical spine revealed tenderness upon palpation of the paraspinal muscles. The diagnoses included bilateral cervical radiculopathy, anterior cervical discectomy and fusion at C5-6, cervical stenosis, and chronic neck pain.

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

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

Decision rationale: The California MTUS guidelines do not recommend Soma. Soma is not indicated for long-term use. It is suggested that the main effect is due to generalized sedation and

treatment of anxiety. Abuse has been noted for sedative and relaxant effects. The injured worker had been prescribed since at least September 2013. The efficacy of the medication was not provided. As the guidelines do not recommend Soma, the use of this medication would not be supported. In addition, the provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.