

Case Number:	CM14-0030609		
Date Assigned:	06/20/2014	Date of Injury:	11/27/2000
Decision Date:	07/17/2014	UR Denial Date:	02/11/2014
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 Illinois. 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 52-year-old female who reported an injury on 11/27/2000 due to a fall. The patient reportedly sustained an injury to her neck, right upper extremity, and hip. The injured worker's treatment history included surgical interventions, physical therapy, a TENS unit, hot and cold packs, acupuncture, and multiple meds. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 01/07/2014. It was documented that the patient had recently been hospitalized for colitis. It was documented that the injured worker suffered from severe pain in the neck and upper back rated at a 5/10 with medications that has increased to a 10/10 without medications. It was documented that the patient had a urine drug screen in 11/2013 that was positive for sertraline, alprazolam, marijuana, carisoprodol, hydrocodone, and hydromorphone. The injured worker's diagnoses included cervical radiculopathy status post cervical fusion, neck pain, right shoulder sprain/strain status post surgery, cephalgia, chronic pain syndrome, tension headaches, chronic pain related insomnia, myofascial syndrome, prescription narcotic dependence, and neuropathic pain. The injured worker's treatment plan included a functional restoration program to assist with narcotic detoxification and a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested prescription of Soma 350 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that muscle relaxants be used for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 11/2013. As the injured worker has been on this medication for a duration of treatment longer than what is recommended by guideline recommendations, continued use would not be supported. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Furthermore, the request does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Soma 350 mg #60 is not medically necessary or appropriate.