

Case Number:	CM14-0033409		
Date Assigned:	06/20/2014	Date of Injury:	12/09/2002
Decision Date:	07/23/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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, Pain Medicine and is licensed to practice in Texas. 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 claimant is a 60 year old female with an injury date of 12/09/02. The claimant was crossing the street when she was hit by a moving vehicle. The claimant sustained head trauma and laceration. It was also indicated that she had a history of a cracked patella on 08/01/13. The claimant was reportedly walking in the street when the injured worker's left leg got stuck in some type of pothole, which made the claimant lose her balance and fall on her knee and fractured the left knee. The claimant has a history of artificial disc replacement on 02/08/06, posterior decompression with posterior pedicle screw fixation on 07/09/07. She also has left shoulder subacromial decompression for subacromial impingement syndrome and adhesive capsulitis in October of 2003 and 10/14/04 in the right shoulder. She has been managed on Soma 350mg twice daily as needed, Oxycontin 20mg twice daily, Omeprazole 10mg daily, and Percocet 5/325mg 2 tablets up to 3 times daily. A progress note dated 05/30/14 stated that the claimant was having sleep problems because Soma was no longer approved. The most recent progress note dated 05/05/14; physical examination the claimant has an antalgic gait and is assisted by a brace. Cervical spine range of motion is restricted with flexion limited to 25 degrees, extension limited to 20 degrees, right lateral bending would be 10 degrees, left lateral bending would be limited to 10 degrees. Hypertonicity, spasms, tenderness, and tight muscle bands are noted on both sides of the cervical spine. No spinous process tenderness is noted. Tenderness is noted at the paracervical muscles and trapezius. Biceps reflexes 2+ on both sides. Triceps reflexes 2+ on both sides. Brachial radialis reflexes 2+ on both sides. Cervical facet loading is positive on both sides. Lumbar spine examination reveals spinal surgical scar. Range of motion restricted with flexion and extension. Palpation paravertebral muscles, spasms, tenderness, and tight muscle band is noted on both sides. Straight leg raising test is negative. Ankle jerk is 1/4 on the right side and 2/4 on the left side. Patellar jerk is 2+ on both sides. Tenderness noted over sacroiliac

joint. Motor examination was limited by pain. Sensory examination light touch sensation is 2+ over the medial foot and thumb, index finger and middle finger, ring finger and little finger on both sides. Absent ankle clonus. Hoffman's sign is negative. Diagnosis is cervical pain, post-lumbar laminectomy syndrome spine/lumbar degenerative disc disease. There is shoulder pain, post-concussion syndrome and headaches/facial pain. The request is for Soma 350mg. Prior utilization review on 02/25/14 non-certified the request for Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 bid prn #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29. Decision based on Non-MTUS Citation Pain, Carisoprodol (Soma®).

Decision rationale: The clinical documentation submitted for review does not support the request for continued use of Soma. This medication is Food and Drug Administration-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. Additionally, this medication is not indicated for long-term use. Therefore the request for Soma 350 mg 1 bid prn # 60 is not medically necessary and appropriate.