

<b>Case Number:</b>	CM14-0066023		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/01/2005
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 65 year-old female who initially presented with cervical region pain on 09/01/05. The MRI of the cervical spine dated 06/11/10 revealed a C6-7 disc protrusion at the lateral region on the right. A 5mm ossified complex was revealed. Spinal stenosis was also identified. Spondylitic bulging was also identified at C5-6 and C4-5. The clinical note dated 04/05/12 indicates the injured worker continuing with bilateral neck pain. Tenderness was identified bilaterally throughout the cervical region. The injured worker rated her pain at 5-9/10. The clinical note dated 02/24/14 indicates the injured worker continuing with increasing cervical region pain. Tenderness continued throughout the cervical region. The clinical note dated 03/24/14 indicates the injured worker having prescribed the use of MSER and Soma. The utilization review dated 04/14/14 resulted in a denial for the use of Soma and Morphine as insufficient information had been submitted confirming the efficacy of the use of these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg TID #90 refills 5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

**Decision rationale:** 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 and 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. Given this, the request is not medically necessary.

**MSER 100 mg BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate Page(s): 93.

**Decision rationale:** Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications with the intent to taper from opioid medications. No information had been submitted confirming the patients' positive response to the use of this medication. Given this factor, the request is not medically necessary.