

Case Number:	CM14-0068070		
Date Assigned:	07/11/2014	Date of Injury:	04/16/2013
Decision Date:	09/09/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 55-year-old male who reported an injury on 04/16/2013. The injury reported was when the injured worker stretched out his arm to stop a forklift that was coming towards him. Diagnoses included cervical sprain/strain, cervical spine 2 to 3 mm posterior protrusion at T1-2, 2 mm, cervical disc protrusion, cervical spine bilateral uncovertebral hypertrophy at C3-4. His treatments included medication. The diagnostic imaging included an MRI. Within the clinical note dated 06/24/2014, it was reported the injured worker complained of constant neck pain, left shoulder pain, left elbow pain, and left wrist/hand/finger pain. On the physical examination of the cervical spine, the provider noted tenderness to palpation over the cervical midline, left paraspinals, left upper trapezius and left rhomboids. Upon examination of the left shoulder, the provider noted tenderness to palpation of the left shoulder joint. The provider noted the left elbow revealed no tenderness over the elbow. However, there was tenderness over the distal and lateral epicondyle. Upon review of the left wrist/hand, the provider noted tenderness to palpation of the ulnar aspect with decreased sensation or numbness on the 2nd, 3rd, 4th and 5th fingers. The request submitted is for Soma 350 mg quantity #30. However, rationale is not provided for clinical review. The Request for Authorization was submitted and dated on 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg QTY 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64..

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker has been utilizing the medication for an extended period of time since at least 01/2014 which exceeds the guidelines recommendation of short term use of 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by objective functional improvement. The request submitted failed to provide the frequency of the medication. The request for Soma 350 mg #30 is not medically necessary.