

Case Number:	CM14-0073328		
Date Assigned:	07/16/2014	Date of Injury:	04/28/2010
Decision Date:	09/18/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/20/2014

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 Nevada. 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 records presented for review indicate that this 55-year-old female was reportedly injured on April 28, 2010. The mechanism of injury is listed as cumulative trauma. The most recent progress note, dated July 23, 2014, indicates that there are ongoing complaints of neck pain, upper back pain, and middle back pain. Current medications include Norco, Xanax, Ambien, Prilosec, Topamax, cyclobenzaprine and tramadol. The physical examination demonstrated decreased cervical spine range of motion and tenderness of the paravertebral muscles. There was decreased range of motion of the left shoulder and a positive Neer's and Hawkins test. Tenderness was noted at the acromioclavicular joint and the coracoclavicular process as well as the glenohumeral joint and subdeltoid bursa. Diagnostic imaging studies of the cervical spine indicate a grade 1 spondylolisthesis of C2 on C3 and a disc protrusion at C4 C5 and C5 - C6 which causes mild spinal canal narrowing. There was a disc protrusion at C6 - C7 which abuts the thecal sac. Previous treatment includes left shoulder rotator cuff surgery. A request had been made and was not certified in the pre-authorization process on May 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: According to the most recent progress note dated July 23, 2014, Soma was previously discontinued for nighttime usage in favor of Ambien. It is also important to note that the injured employee is also prescribed another muscle relaxant, cyclobenzaprine. Considering this, the request for soma is not medically necessary.