

<b>Case Number:</b>	CM14-0081044		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/14/2007
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 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:

According to the records made available for review, this is a 54-year-old female with a 3/14/07 date of injury. At the time (5/27/14) of the decision for Savella and Soma, there is documentation of subjective and objective findings. The subjective findings are neck pain radiating to the bilateral upper extremities associated with numbness and tingling. The objective findings are severe dysesthesia, positive hyperesthesia, decreased cervical spine range of motion, and positive axial compression test. The current diagnoses are chronic neck pain and chronic neuropathic pain of bilateral upper extremities. The treatment to date includes medications, including ongoing treatment with Soma and Savella. Medical reports identify that Soma helps with the musculoskeletal pain and spasm, trigger points, and radiating pain, and allows the patient to do activities of daily living; and that patient has failed other medications (including Neurontin, Lyrica, and Cymbalta). Regarding Soma, there is no documentation of acute muscle spasms and the intention to treat over a short course (less than two weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of Savella 12.5mg:** 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  
Milnacipran Page(s): 62-63.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies Milnacipran is not recommended as it is not FDA approved and not available in the United States at this time and that it is under study as a treatment for fibromyalgia syndrome. Therefore, based on guidelines and a review of the evidence, the request for 30 Tablets of Savella 12.5mg is not medically necessary.

**60 Tablets of Soma 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain and chronic neuropathic pain of bilateral upper extremities. In addition, given documentation of ongoing treatment with Soma which helps with the musculoskeletal pain and spasm, trigger points, and radiating pain, and allows the patient to do activities of daily living, there is documentation of functional benefit and an increase in activity tolerance as a result of Soma use to date. However, given documentation of a 3/14/07 date of injury, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting ongoing treatment with Soma, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Soma is not medically necessary.