

Case Number:	CM14-0181866		
Date Assigned:	11/06/2014	Date of Injury:	09/30/2004
Decision Date:	02/06/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal 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 (IW) is a 51-year-old woman with a date of injury of September 30, 2004. The mechanism of injury was documented as cumulative trauma. Prior treatments have included medications, injections, and surgeries. The injured worker's working diagnoses are shoulder pain; cervical disc degeneration; and cervical radiculopathy. Pursuant to the pain management progress note dated September 17, 2014, the IW complains of neck pain radiating from the neck down both arms and right shoulder pain. Pain has increased since last visit. Pain with medications is rated 8/10. Quality of sleep is poor. She denies any new injuries. The IW is not taking her medications as prescribed. She reports that her medications are not effective. She presents 2 weeks early for her follow-up visit. She admits to taking more Norco and is out of medications. Objectively, cervical spine range of motion (ROM) is restricted with flexion limited to 15 degrees limited by pain, extension limited to 15 degrees limited by pain, right lateral bending limited to 20 degrees limited by pain, left lateral bending limited to 20 degrees limited by pain. On examination, the paravertebral muscles, hypertonicity, spasms, tenderness, tight muscle band and trigger point (a twitch response was obtained along with radiating pain on palpation) is noted on both sides. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremity. Examination of the right shoulder reveals limited ROM due to pain. Shoulder crossover test is positive. Empty Cans test, and Neer's test are positive. Left shoulder exam was normal. Current medications include Norco 10/325mg, Soma 350mg QID, Zohydro ER 30mg, Citalopram 40mg, and Duloxetine Hcl Dr 60mg. The IW has been taking Soma 350mg since June 30, 2014, when it was prescribed for the first time. There was no evidence of objective functional improvement associated with the long-term use of Soma. The provider agreed to refill Soma despite the fact the IW was not taking it as prescribed. The

provider states, "We are comfortable with prescribing her BID PRN". The current request is for Soma 350mg 1 tablet twice a day as needed #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are shoulder pain; cervical disc degeneration; and cervical radiculopathy. Documentation indicates the injured worker was started on June 30 of 2014. In September 2014, in a progress note dated September 17, 2014, the injured worker presented to the treating physician two weeks early. The injured worker was non-compliant with medications, taking more than prescribed, claiming the medication was "not effective". The injured worker was taking Soma 4 times per day, however, the treating physician decreased dosing to the BID. The guidelines recommend short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations of chronic back pain. The injured worker's working diagnoses of shoulder pain, cervical disc degeneration and cervical radiculopathy. Consequently, absent the appropriate clinical diagnoses, clinical indications and/or clinical rationale to support the ongoing use of Soma, Soma 350 mg #60 is not medically necessary.