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| Case Number: | CM14-0186122 | | |
| Date Assigned: | 11/14/2014 | Date of Injury: | 09/20/2010 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 11/03/2014 |
| Priority: | Standard | Application Received: | 11/07/2014 |

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, has a subspecialty in Interventional Spine 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 patient is a 52-year-old female with an injury date of 09/20/10. Based on the 07/10/14 progress report, the patient complains of neck pain rated 3/10 with history of cervical spine injury. Per 10/02/14 report, the patient also complains of left scapular area pain. Physical examination revealed tenderness over the paracervical and trapezius muscles. The physician recommends that the patient continue with Voltaren gel and Soma. The physician indicated that medications relieve patient's pain and help her with her sleep. Patient has been on Soma for 2 years per 10/02/14 report. Diagnosis as of (10/02/14) includes post laminectomy syndrome, cervical and cervicalgia. The utilization review determination being challenged is dated 11/03/14. The rationale is "...not recommended for long-term use...his claimant has a chronic injury dating back to 2004, and muscle relaxants are not typically beneficial in the chronic setting."

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with neck pain rated 3/10 and has history of cervical spine injury. The request is for SOMA 350 MG # 30. Diagnosis dated 10/02/14 included cervical post laminectomy syndrome and cervicalgia. Per progress report dated 10/02/14, the physician indicates that medications relieve patient's pain and help her with her sleep. The physician recommends that the patient continue with Voltaren gel and Soma. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Patient has been taking Soma for 2 years per progress report dated 10/02/14. MTUS recommends requested Soma only for a short period. Furthermore, request for quantity 30 does not indicate short-term use. Recommendation is for denial.