

Case Number:	CM14-0196981		
Date Assigned:	12/05/2014	Date of Injury:	11/15/2004
Decision Date:	01/15/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 56-year-old woman who sustained a work-related injury on November 15, 2004. Subsequently, the patient developed neck pain. An EMG testing dated April 6, 2011 documented electrodiagnostic evidence of mild bilateral carpal tunnel syndrome. There was no evidence of cervical radiculopathy, cubital syndrome, nor polyneuropathy. According to the progress report dated November 19, 2014, the patient reported neck pain radiating from neck down both arms. She rated her pain with medications as 6/10 and without medications as 8/10. Examination of the cervical spine revealed straightening of the spine with loss of normal cervical lordosis. Range of motion was restricted with flexion limited to 25 degrees limited by pain, extension limited to 25 degrees limited by pain, right lateral bending limited to 15 degrees limited by pain, left lateral bending limited to 15 degrees limited by pain, lateral rotation to the left limited to 35 degrees and lateral rotation to the right limited to 35 degrees. On examination of paravertebral muscles, spasm, tenderness, and tight muscle band was noted on both sides. Spinous process tenderness was noted on C4, C5, and C6. Tenderness was noted at the paracervical muscles, trapezius and left C3, C4, and C5 facet joints. Spurling's maneuver caused pain in the muscles of the neck but no radicular symptoms. Examination of the thoracic spine, no limited in range of motion was noted. Tenderness was noted in both sides of the paravertebral muscles. Spinous process tenderness was noted on T2, T3, T4, T5, and T6. Movements of neck were restricted with flexion limited to 20 degrees limited by pain and extension limited to 25 degrees limited by pain. Motor testing was limited by pain. Patient moved all extremities well. On sensory examination, light touch sensation was decreased over middle finger on the left side and thumb, index finger, middle finger on both sides and patchy in distribution; sensation to pin prick was patchy in distribution. On examination of deep tendon reflexes, biceps reflex was 2/4 on both sides, branchioradial reflex was 2/4 on both sides, triceps reflex was on the right side and 2/4 on the

left side. The last UDS recorded, dated March 9, 2011, was inconsistent. The patient was diagnosed with spasm of muscle, cervical radiculopathy, and cervical disc disorder. The provider requested authorization for Soma and fiorenal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

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

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

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma since 2007 without clear evidence of spasm or excacerbation of neck pain. There is no justification for prolonged use of Soma. The request for SOMA 350 mg is not medically necessary.

Florinal #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Fiorinal <http://www.webmd.com/drugs/2/drug-15819/fiorinal-oral/details>

Decision rationale: Fiorenal is a combination of Caffeine, Barbiturate and Aspirin. It is used for the treatment of headaches. It is not indicated for long term use for chronic back, neck and musculoskeletal pain syndrome because of risk of addiction. Therefore, the request for the use of FIORINAL #90 is not medically necessary.