

Case Number:	CM14-0203833		
Date Assigned:	12/16/2014	Date of Injury:	10/03/2001
Decision Date:	02/18/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 47 year old male with an injury date of 10/03/01. Based on the 06/30/14 progress report, the patient complains of neck pain, right upper extremity pain, right shoulder pain, and right hand pain. He rates his pain as a 4/10 with medications and a 5/10 without medications. The 07/30/14 report indicates that the patient has a poor quality of sleep and anxiety. The cervical spine range of motion is restricted and on examination of the paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle band is noted on both sides. Tenderness is noted at the paracervical muscles, rhomboids, trapezius and (+) TTP over bilateral facet joints (C3, C4, C5, C6). In regards to the right shoulder, the patient has a positive Hawkins test and on palpation, tenderness is noted in the acromioclavicular joint and glenohumeral joint. The 11/05/14 report states that the patient has degenerative spondylosis of the lumbar spine. The patient's diagnoses include the following: Chronic low back pain, degenerative lumbar spondylosis Chronic low back pain, myofascial pain syndrome Pain disorder with psychological/ general medical condition Insomnia, persistent due to chronic pain Chronic neck pain, degenerative cervical spondylosis The utilization review determination being challenged is dated 11/13/14. There were three treatment reports provided from 06/30/14, 07/30/14, and 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications Guideline muscle relaxants, Carisoprodol (Soma) Page(s): 63-66.

Decision rationale: The patient presents with neck pain, right upper extremity pain, right shoulder pain, and right hand pain. The request is for Soma 350 mg #60 x 2 refills. The cervical spine range of motion is restricted and on examination of the paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle band is noted on both sides. Tenderness is noted at the paracervical muscles, rhomboids, trapezius and (+) TTP over bilateral facet joints (C3, C4, C5, C6). In regards to the right shoulder, the patient has a positive Hawkins test and on palpation, tenderness is noted in the acromioclavicular joint and glenohumeral joint. The patient has been taking Soma as early as 06/30/14. MTUS Chronic Pain Medications Guideline muscle relaxants, page 63-66, "Carisoprodol (Soma); neither of these formulations is recommended for longer than a 2 to 3 week period." This has been noted for sedative and relaxant effects. MTUS recommends the requested Soma only for a short period of time. Soma has been prescribed on the reports dated 06/30/14 and 11/05/14. This exceeds the 2- to 3-week period recommended by MTUS Guidelines. Therefore, the requested Soma is not medically necessary.