

Case Number:	CM14-0208990		
Date Assigned:	12/22/2014	Date of Injury:	08/03/2012
Decision Date:	02/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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 59-year-old man who sustained a work-related injury on August 3, 2012. Subsequently, the patient developed chronic neck pain. The patient underwent a neck surgery on August 5, 2012, a fusion from C2 to C7 on December 4, 2013 and a cervical laminectomy On July 24, 2014 that the patient described as successful. According to a progress report dated July 16, 2014, the patient complained of low back pain. The patient stated that his back pain has been aggravated by his neck problems. He stated that he has chronic neck pain, which was constant at 8/10. Physical examination revealed tenderness and firmness in the bilateral paracervical muscles and in the bilateral trapezius muscles. There was no tenderness in the shoulders. Cervical range of motion was markedly limited, with 30 degrees of flexion, 30 degrees of extension, 30 degrees of rotation to the right, and 30 degrees of rotation to the left. The patient had good range of motion of the shoulders. Neurological examination of the upper extremities was intact. Straight leg raising was negative in the seated position. On a progress report dated November 19, 2014, the patient reported post operative neck pain, bilaterally and pain throughout the back. The patient was diagnosed with status post cervical laminectomy, cervical radiculopathy, and chronic pain syndrome. The provider requested authorization for Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, #60 with 1 refill: Upheld

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

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are 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 a long time without clear evidence of spasm or exacerbation of neck and lumbar pain. There is no justification for prolonged use of Soma. The request for Soma 350 mg is not medically necessary.