

Case Number:	CM15-0188389		
Date Assigned:	09/30/2015	Date of Injury:	04/17/2009
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/24/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 is a 61 year old female, who sustained an industrial injury on 4-17-2009. The injured worker is being treated for right shoulder impingement. Treatment to date has included diagnostics and medications. Magnetic resonance imaging (MRI) of the cervical spine dated 12-23-2014 showed mild degenerative changes of the cervical spine. Per the handwritten Primary Treating Physician's Progress Report dated 9-08-2015, the injured worker reported continued right shoulder pain with muscle tightness and pain with range of motion. Objective findings included positive impingement and right trapezius and rhomboid spasms. On 8-25-2015, the plan of care included Soma and Voltaren gel. Per the medical records dated 8-25-2015 to 9-08-2015, there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment and the notes from the doctor do not document efficacy of the Soma. It is unclear from the records provide for review how long the IW has been taking Soma. Work status was to remain of work. The plan of care included, and authorization was requested on 9-09-2015 for consult with ENT specialist, wrist brace, Voltaren gel 1% 100g, TENS unit and Soma 350mg #30. On 9-17-2015 Utilization Review non-certified the request for Soma 350mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #30 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: SOMA is a muscle relaxant beneficial as a second-line option for short-term treatment of acute low back pain or acute exacerbation of muscle spasm. It is not recommended for long-term use due to risk of dependency. In this case, the patient has been taking SOMA for an unknown time. The records submitted do not any acute flares of low back pain or objective findings of muscle spasm. The efficacy of SOMA is also not documented; therefore, no significant benefit of the medication is established. Therefore, the request for SOMA is not medically necessary or appropriate.