

Case Number:	CM15-0199577		
Date Assigned:	10/14/2015	Date of Injury:	08/27/2012
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/10/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male, with a date of injury 6-27-2012. Review of medical records indicates that the injured is undergoing treatment for cervical spine surgery X 2, right shoulder sprain, thoracic sprain and myofascial pain. Subjective complaints on 8-12-2015 are intermittent neck, shoulder and back pain sometimes reaching 10 out of 10. He reports neuropathic pain in the neck going into the right shoulder with numbness and tingling. Objective findings on 8-12-2015 include cervical and trapezius tenderness to palpation with spasm and decreased range of motion (ROM). There is right shoulder tenderness to palpation, decreased range of motion (ROM) and positive Neer's and Hawkin's test. Treatment to date has included Lisinopril, neck surgery and home exercise program (HEP). The treating physician does not indicate prior use of Soma or efficacy. The original utilization review dated 9-15-2015 certified Neurontin 100mg #60 and noncertified 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisprodol (Soma).

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

Decision rationale: The patient presents with pain in the neck, mid to low back, and right shoulder. The request is for Soma 350MG #30. Physical examination to the cervical spine on 08/12/15 revealed tenderness to palpation from the base of the cranium to T-1, and over the bilateral trapezius and rhomboid muscles, with spasm. Range of motion was noted to be limited. Examination to the right shoulder revealed tenderness to palpation over the acromioclavicular joint. Per 08/12/15 progress report, patient's diagnosis includes s/p cervical spine surgery x 2, right shoulder sprain, myofascial pain, and thoracic sprain. Patient's medications, per 08/12/15 progress report include Neurontin, and Soma. Patient is retired. MTUS Chronic Pain Medication Guidelines, page 63-66, Muscle Relaxants section, has the following: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, only one progress report, dated 08/12/15 was available. The RFA for this request was not included in the medical file. In 08/12/15 progress report, the treater is initiating Soma for muscle relaxation. MTUS guidelines support the use of this medication for 2-3 weeks provided it is directed at an acute injury or recent flare up. However, this patient presents with chronic pain in neck, mid to low back, and right shoulder. Without evidence of recent re-injury, flare-up, or acute appearance of spasms for which Soma is considered appropriate, this medication cannot be substantiated. Therefore, the request is not medically necessary.