

<b>Case Number:</b>	CM15-0024590		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	10/26/1995
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 61 year old female who sustained an industrial injury on 10/26/1995. Her diagnoses include: lumbar myofascial pain with lumbar radiculitis; cervical myofascial pain with cervical radiculitis; and inter-vertebral disc disease. Her treatments have included rest from work, and medications. The progress notes of 1/5/2015 stated she had a slight improvement in her pain that goes from the lower back into the legs. It is noted that she is now retired from work. The physician's requests for treatments included magnetic resonance imaging studies of the cervical spine, and a refill of Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The injured worker sustained a work related injury on 10/26/1995. The medical records provided indicate the diagnosis of lumbar myofascial pain with lumbar radiculitis; cervical myofascial pain with cervical radiculitis; and inter-vertebral disc disease. Her treatments have included rest from work, and medications. The medical records provided for review do not indicate a medical necessity for MRI of Cervical Spine. The medical records reviewed do not indicate the injured worker had detailed neurological examination; there was documentation of progressive neurological deficit, neither was there an evidence the injured worker had failed had failed a strengthening program. The MTUS does not recommend imaging unless there is unequivocal finding of specific nerve compromise on the neurological examination, or when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology, such as a tumor, or due to failure to progress in a strengthening program intended to avoid surgery.

**Soma 350mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**Decision rationale:** The injured worker sustained a work related injury on 10/26/1995. The medical records provided indicate the diagnosis of lumbar myofascial pain with lumbar radiculitis; cervical myofascial pain with cervical radiculitis; and inter-vertebral disc disease. Her treatments have included rest from work, and medications. The medical records provided for review do not indicate a medical necessity for Soma 350mg #30. The records indicate injured worker had been on muscle relaxants before 11/2014; the workers use of Soma predates 3/2015. Soma (Carisprodol) is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Soma is recommended to be taken as 250 mg-350 mg four times a day for 2 to 3 week period. Adverse effects include: drowsiness, psychological and physical dependence, & withdrawal with acute discontinuation.