MAXIMUS Federal Services

Case Number:	CM15-0033248		
Date Assigned:	02/26/2015	Date of Injury:	09/18/2001
Decision Date:	04/09/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 63-year-old male, who sustained an industrial injury, September 18, 2001. According to the progress note of December 16, 2014, the injured worker was complaining of bi-frontal headaches and pain in the upper neck and back of the head with tingling and numbness as well as low back pain. The injured worker was receiving benefit from current medications. The injured worker described the pain as stabbing gin the left upper neck. The severity of the pain was 9 out of 10; 0 being no pain and 10 being the worse pain. The injured worker noted that aggravating factors were changing clothes, any movement of the neck in any direction, but worse with lateral tilt or rotation to either the right or left. The physical exam noted paracervical tenderness of the scalene muscle, trapezius muscles, sternocleidomastoid, occipital protuberance, the transverse process at C2 and the C2 spinous process. The active range of motion rotation to the left 5 degrees, right rotation 5 degrees, lateral flexion to the left 5 degrees to the right 5 degrees and flexion 25 degrees and extension 15 degrees and pain with motion with limited range of motion. The injured worker was currently taking Prozac, Soma, Alprazolam, fentanyl patches and Hydrocodone. According to function report note of February 5, 2014, the injured workers chief complaint was neck pain, bilateral shoulder pain and headaches. The total loss of cervical function was 84%. The total loss of function of the left shoulder was 66% and the right was 39%.The injured worker was diagnosed with neck pain, displacement of cervical intervertebral disc without myelopathy, cervical spondylosis without myelopathy, anxiety, brachial neuritis, cervical degenerative disc disease, chronic neck pain, cervical facet arthropathy, posterior headaches and postlaminectomy syndrome of the cervical region, status

post 3 level cervical spine fusion, impairment consultation, depression, and throat cancer. The injured worker previously received the following treatments toxicology laboratory studies, pain consultant, Fentanyl patches, Norco, Prozac, Restoril, Zanaflex, Neurontin, compound cream, EMG/NCS (electromyography and nerve conduction studies) of the upper extremities, CT of the cervical spine, psychological services, MRI of the brain and cervical epidural injections. On January 2, 2014, the primary treating physician requested authorization for a prescription for Soma 350mg 2 tablets daily #60.On February 7, 2015, the Utilization Review denied authorization for a prescription for Soma 350mg 2 tablets daily #60.The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 2 tablets Daily #60: Upheld

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

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 for a long time without clear evidence of spasm or excacerbation of neck and lumbar pain. There is no justification for prolonged use of Soma. The request for Soma 350mg #60 is not medically necessary.