

Case Number:	CM15-0036311		
Date Assigned:	03/04/2015	Date of Injury:	05/03/2010
Decision Date:	04/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/26/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 42 year old male, who sustained an industrial injury on 5/3/2010. He reports injury to the cervical spine, right shoulder and bilateral upper extremities. Diagnoses include fibromyalgia, cervical 5-7 disc protrusions, cervical spondylosis, cervical 3-7 screw fixation and left vocal cord paralysis. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 1/7/2015 indicates the injured worker reported burning and constant neck pain, after feeling a popping sensation. On 1/26/2015, Utilization Review modified the request for Soma 350 mg twice daily #60 to #30 and Valium 10 mg four times daily #120 to #90, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg BID #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 Carisoprodol (Soma) Page(s): 29.

Decision rationale: The patient is a 42 year old male with an injury on 05/03/2010, neck surgery, fibromyalgia and chronic neck pain. MTUS guidelines note that Soma is not recommended. It is metabolized to Meprobamate, a schedule IV controlled substance that is addictive. There are many muscle relaxants that are available that are not a controlled substance with high addiction risks. Soma is not medically necessary for this patient.

Valium 10mg QID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient is a 42 year old male with an injury on 05/03/2010, neck surgery, fibromyalgia and chronic neck pain. There are many muscle relaxants available to treat this patient. Valium is a controlled substance, highly addictive, muscle relaxant with a long half life. Valium is a benzodiazepine muscle relaxant. According to MTUS guidelines benzodiazepines are not a recommended treatment. Valium is not medically necessary for this patient.