

Case Number:	CM15-0038560		
Date Assigned:	03/09/2015	Date of Injury:	10/20/2012
Decision Date:	04/14/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 a 48 year old female with an industrial injury dated October 20, 2012. The injured worker diagnoses include cervical pain, cervical degenerative disc disease, right C6 radiculopathy, right rotator cuff strain, chronic pain syndrome, headaches, and low back pain. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 2/4/2015, the injured worker reported neck and upper extremity pain. Physical exam revealed moderate tenderness of the paracervical muscles, the upper trapezius and the left lower facets. The range of motion was decreased in all fields. The treating physician also noted decrease sensation in the lateral arm, more so on the left and positive Spurling's sign on the left. CT myelogram revealed a broad based posterior disc protrusion at multiple levels with mild deformity of ventral aspect of the cord at C4-C5 level, ossific density at C5-C6, mildly deforms the ventral aspect of the cord. Disc material was noted to appear to compromise the right C6-C7 neuroforamen. The treatment plan consist of prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #15 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are cervical pain, cervical degenerative this disease, right C6 radiculopathy, right rotator cuff strain, chronic pain syndrome, headaches and low back pain. The guidelines recommend short-term (not to exceed two weeks) use. The injured worker has been taking Soma long-term in excess of the recommended guidelines. Objectively, there is no documentation of muscle spasm in the lower back. There is no documentation of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement in excess of the recommended guidelines, soma 350 mg #15 is not medically necessary.