MAXIMUS Federal Services

Case Number:	CM15-0047552		
Date Assigned:	03/19/2015	Date of Injury:	09/11/2006
Decision Date:	04/24/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/12/2015

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 53 year old male, who sustained an industrial injury to neck, right knee, lumbar and left shoulder on 9/11/06 after unloading boxes and the boxes falling on him. The diagnoses have included neck pain status post cervical fusion, back pain status post lumbar fusion and left shoulder pain. Surgery has included right knee surgery on 6/14/07, cervical discectomy fusion on 12/15/08 and cervical posterior decompression fusion with instrumentation on 1/18/10. Treatment to date has included medications, surgery, physical therapy, acupuncture, chiropractic, diagnostics, injections and conservative measures. Currently, as per the physician progress note for pain management consult dated 12/4/14, the injured worker complains of low back, neck and left shoulder pain. The low back pain radiates along the lower extremities and was rated 8-9/10 on pain scale. The neck pain radiates to the upper extremities and was rated 8-9/10 on pain scale. The left shoulder pain radiates along the left upper extremity and was rated 6-7/10 on pain scale. The pain is relieved with analgesics, rest and massage. The pain is worsened by prolonged standing, lifting, bending, overhead activity and unusual activity. The injured worker has been experiencing significant limitations in activities of daily living (ADL's) as well as psychological functioning and inability to sleep at night. The current medications noted were Percocet and Oxycodone. Magnetic Resonance Imaging (MRI) of the lumbar spine revealed degenerative disc disease (DDD) and the Magnetic Resonance Imaging (MRI) of the left shoulder revealed tendinosis. Physical exam of the lumbar spine revealed facet tenderness, reduced flexion and rotation, and straight leg raise positive bilaterally. The cervical spine revealed tenderness to palpation and reduced extension, rotation and flexion. The left shoulder

exam revealed reduced flexion, abduction, adduction and internal rotation. It was noted that the injured worker suffers from chronic pain symptoms in multiple locations and symptoms have persisted despite the use of multiple modes of therapy. The physician requested treatment was for Soma Tab 350 MG by Mouth Every 8 Hours #90 with No Refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma Tab 350 MG By Mouth Every 8 Hours #90 with No Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 one PO every eight hours #90 with no refills 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 worker's working diagnoses are that of post cervical fusion; and status post lumbar fusion. There was a single progress note in the medical record by the requesting physician dated December 4, 2014. The documentation indicates the injured worker was taking Percocet and Oxycodone 30 mg Q6h. The documentation did not contain Soma in the medical record. The utilization review indicates a medication history disclosed Soma was prescribed as far back as 2009. Urine drug toxicology screen dated December 15, 2014 was grossly inconsistent, negative for all medications except cannabis. Soma is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation in chronic low back pain. There is no documentation of an acute exacerbation back pain. Additionally, the treating physician exceeded the recommended guidelines for short-term (less than two weeks). Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term use, Soma 350 mg one PO every eight hours #90 with no refills is not medically necessary.