

Case Number:	CM15-0048225		
Date Assigned:	03/20/2015	Date of Injury:	06/28/2002
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/13/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old male who sustained an industrial injury on 06/28/2002. Current diagnoses include cervical degenerative disc disease, lumbar degenerative disc disease, bilateral carpal tunnel syndrome, hypertension, heart disease, and diabetes. Previous treatments included medication management and physical therapy. Report dated 02/16/2015 noted that the injured worker presented with complaints that included cervical spine, lumbar spine, and bilateral shoulder pain. Pain level was rated as 6 out of 10 on the visual analog scale (VAS). The injured worker stated that the Norco and Soma help to lower his pain level down to 3 out of 10, and that the Soma also helps with muscle spasms. Physical examination was positive for abnormal findings. The treatment plan included pending authorization for a TENS unit and compound cream, and written prescriptions for Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma #350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8CCR979.20-979226 MTUS (effective July 18, 2008) Page(s): 63, 12775. Decision based on Non-MTUS Citation ODG - TWC Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Based on the 02/16/15 progress report provided by treating physician, the patient presents with neck, lower back and bilateral shoulder pain rated 3/10 with and 6/10 without medication. The request is for SOMA #350MG #90. Patient's diagnosis per Request for Authorization form dated 02/25/15 includes cervical and lumbar degenerative disc disease; bilateral shoulder impingement; and bilateral carpal tunnel syndrome. Patient's medications include Soma and Norco. The patient is not working, per treater report dated 02/16/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Soma has been included in patient's medications per treater reports dated 08/04/14, 12/01/14, and 02/16/15. Per treater report dated 02/16/15, Soma helps the patient "with his paraspinal muscle spasms." MTUS only recommends short-term use (no more than 2- 3 weeks) for sedating muscle relaxants. Patient has been prescribed Soma at least since 08/04/14, which is 7 months from UR date of 03/06/15. Furthermore, the request for quantity 90 with 1 refill does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.