

<b>Case Number:</b>	CM15-0054139		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	12/18/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: 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 55 year old male, who sustained an industrial injury on December 18, 2008. He reported neck pain. The injured worker was diagnosed as having chronic neck pain and status post two cervical spine surgeries. Treatment to date has included diagnostic studies, surgical intervention of the cervical spine, medications and work restrictions. Currently, the injured worker noted improved neck pain with no bilateral arm weakness or numbness noted. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. He was treated conservatively and surgically. Evaluation on December 12, 2012, revealed improved neck and arm pain and tingling. He wished to discuss returning to work. No other physician reports were available. Consultation with a neurosurgeon and medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation and evaluation with neurosurgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7,Page 137-8.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, consultation and evaluation with neurosurgeon is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured workers working diagnoses are chronic neck pain; and status post to cervical spine surgeries. There are 11 pages in the medical record and one progress note dated December 12, 2012. Subjectively, the injured worker states he is doing well. The injured worker denies neck pain or numbness of the bilateral arms, is not under current treatment and wants to discuss returning to work. On physical examination there was slight tenderness with the extension with a normal sensory examination, normal motor examination and symmetrical reflexes. There is insufficient documentation of physical examination are indicative of significant spinal pathology such as weakness, dermatomal sensation loss, significant limited range of motion or positive provocative measures to warrant neurosurgical evaluation. Additionally, there are no contemporaneous progress notes on or about the time of the request for neurosurgical evaluation. Consequently, absent clinical documentation with significant neurologic findings to warrant a neurosurgical evaluation, consultation and evaluation with neurosurgeon is not medically necessary.

**Soma 350mg quantity 120.00:** Upheld

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

**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 350mg #120 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 chronic neck pain; and status post to cervical spine surgeries. There are 11 pages in the medical record and one progress note dated December 12, 2012. Subjectively, the injured worker states he is doing well. The injured worker denies neck pain or numbness of the bilateral arms, is not under current treatment and wants to discuss returning to work. On physical examination, there was slight tenderness with the extension with a normal sensory examination, normal motor examination and symmetrical reflexes. The progress note in the medical record dated December 12, 2012 indicates the end worker was taking Soma 350 mg. The request for authorization is dated February 23, 2015. There were

minimal clinical findings in the December 12, 2012 progress note with no objective indication of muscle spasm. Additionally, Soma is indicated for short-term (less than two weeks) treatment of acute low back pain or short-term treatment of acute exacerbations in patients with chronic low back pain. There was no back pain documented in the medical record. Soma is indicated for short-term use. The treating provider has prescribed Soma in excess of two years, well in excess of the recommended guidelines for short-term use. There is no clinical rationale in the medical record to support the ongoing use of Soma for a two plus year period. Consequently, absent compelling clinical documentation with objective functional improvement with ongoing Soma in excess of the recommended guidelines for short-term use (less than two weeks), Soma 350 mg #120 is not medically necessary.