

Case Number:	CM14-0067431		
Date Assigned:	07/11/2014	Date of Injury:	03/07/2008
Decision Date:	06/23/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/12/2014

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 48 year old male who sustained an industrial injury on 03/07/2008. The injured worker was diagnosed with cervical spondylosis, lumbar degenerative disc disease, lumbar or thoracolumbar radiculopathy and lumbar spondylosis. The injured worker is status post cervical fusion from C4-T1 (no date documented) with two revisions in July and September 2013 for hardware repair/replacement. Treatment to date has included diagnostic testing with latest cervical X-rays in November 2013, Computed Tomography (CT) in January 2014, surgery, physical therapy, cervical and lumbar epidural steroid injections and medications. The recent computed Tomography (CT) from January 2014, as interpreted by the primary treating physician on March 3, 2014 noted signs of anterior cervical fusion with interbody graft and stable screw fixation from C4-T1 with posterior fusion at C4-7. No significant central spinal canal stenosis, signs of solid fusion and mild to moderate foraminal narrowing due to osteophyte complex with the unconvertible joint at both C6-7 and C7-T1 bilaterally. According to the primary treating physician's progress report on April 1, 2014, the injured worker continues to experience neck pain with radiation to the bilateral upper extremities and hands, right side greater than left side and an increase in headaches. His headaches are associated with photophobia, phonophobia and nausea. The injured worker reported he was informed of a broken screw. The injured worker reports his low back pain radiates to the right leg and foot associated with numbness in the right anterior thigh. He rates his neck pain level at 9/10 currently with an average of 7/10 with Percocet, Oxycodone and Dilaudid. The injured worker reports his break through pain at 10/10 and headaches at 3-10/10. The examination of the neck was deferred due to severe jabs of pain

with bilateral paresthesias with movements of the neck. Current medications are listed as Dilaudid 8 mg, Oxycodone 10mg, Percocet 10/325, Soma, Protonix, Diazepam and Imitrex. Treatment plan consists of follow-up with surgeon for possible cervical revision, continue with Oxycodone /Percocet to decrease APAP load, topical Pennsaid sample trial, Dilaudid for break through pain and the current request for Soma renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #i90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29.

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Soma 350mg #90 is not medically necessary and appropriate.