

<b>Case Number:</b>	CM15-0116419		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	10/27/1997
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 59 year old female who reported an industrial injury on 10/27/1997. Her diagnoses, and/or impressions, are noted to include: acute exacerbation of chronic cervicgia and possible cervical radiculopathy and cervical root irritation syndrome; intractable neck pain syndrome; left cervical root impingement symptoms; right shoulder pain; and chronic pain. No current imaging studies are noted. Her treatments are noted to include 12 effective acupuncture treatments; and medication management. The progress notes of 5/5/2015 reported ongoing neck pain with a severe exacerbation of symptoms in the neck and right shoulder, with numbness and tingling in both arms, and causing the inability to sleep at night. Objective findings were noted to include noted discomfort in the bilateral para-cervical area with bilateral spasms; positive Spurling's sign; limited range-of-motion; positive root signature in the bilateral cervical spine; the absence of brachioradialis reflex on the left; and decreased Jamar dynamo-meter testing in the left hand. The physician's requests for treatments were noted to include a right shoulder x-ray and Soma every night for spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray for right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Radiographs.

**Decision rationale:** Pursuant to the Official Disability Guidelines, x-rays for the right shoulder are not medically necessary. Indications for plain radiographs include acute shoulder trauma, left fracture or dislocation; and acute shoulder trauma, questionable bursitis, blood calcium / approximately 3 months duration, first study. In this case, the injured worker's working diagnoses are acute exacerbation of chronic cervicalgia; possible cervical radiculopathy; chronic pain; and right shoulder pain. The date of injury is October 27, 1997. The medical record contains 37 pages. The earliest progress note dated January 23, 2011. The injured worker's subjective complaints were referable to the neck. There were no shoulder complaints. Progress notes dated March 6, 2015 and March 15, 2015 there was moderate to severe neck pain that radiated to the left arm. There were no right shoulder complaints. The injured worker was treated with Flexeril that resulted in drowsiness. The most recent progress note dated May 5, 2015 contained subjective complaint (for the first time with the date of injury 18 years prior) right shoulder pain. The May 5, 2015 progress note does not contain a physical examination of the right shoulder. Additionally, there was no documentation of acute shoulder trauma or fracture / dislocation. There is no clinical indication or rationale in the medical record for an x-ray of the right shoulder. Consequently, absent clinical documentation with a physical examination of the right shoulder, documentation of acute trauma and the clinical rationale for right shoulder x-rays, x-ray for the right shoulder are not medically necessary.

**Soma 350mg:** 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 350mg 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 acute exacerbation of chronic cervicalgia; possible cervical radiculopathy; chronic pain; and right shoulder pain. The date of injury is October 27, 1997. The medical record contains 37 pages. The earliest progress note dated January 23, 2011. The injured worker's subjective complaints were referable to the neck. There were no shoulder complaints. Progress notes dated March 6, 2015 and March 15, 2015 there was moderate to severe neck pain that radiated to the left arm. There were no right shoulder complaints. The injured worker was treated with Flexeril that resulted in drowsiness. The most recent progress

note dated May 5, 2015 contained subjective complaint (for the first time with the date of injury 18 years prior) right shoulder pain. The May 5, 2015 progress note does not contain a physical examination of the right shoulder. Soma 350 mg started May 5, 2015. There is no quantity stated in the request for authorization. Soma is indicated 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. There is no documentation of acute low back pain or an exacerbation of chronic low back pain. The complaints documented in the medical record limited to the right shoulder and neck. Additionally, there is no quantity documented medical record. Consequently, absent clinical documentation of low back pain or exacerbation of chronic low back pain, an appropriate clinical indication/rationale for Soma and unspecified amount to be dispensed, Soma 350mg is not medically necessary.