MAXIMUS Federal Services

Case Number:	CM15-0144227		
Date Assigned:	08/10/2015	Date of Injury:	11/01/2007
Decision Date:	10/13/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/27/2015

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: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 11-1-07. The injured worker was diagnosed as having lumbar radiculopathy; degenerative disc disease lumbar; pain in joint-shoulder region; brachial neuritis or radiculitis NOS; cervicalgia; degeneration of cervical intervertebral disc; cervical spondylosis without myelopathy. Treatment to date has included home exercise program; medications. Currently, the PR-2 notes dated 5-14-15 indicated the injured worker is followed by this office for her cervical pain as well as pain and spasm radiating to her left shoulder with left-sided radiculopathy due to cervical spondylosis. She also reports a lumbar injury as well. The provider notes her neck and left shoulder is what affects her daily function the most. She reports the left shoulder is disputed despite her complaints since the beginning and there are no changes since her last visit. The provider documents a cervical MRI finding dated 11-2014 showing "moderate degenerative changes at C5-7. He notes that interventional care included only a cervical epidural steroid injection in 2010-2011." The provider documents according to his records he is only authorized to treat her neck only. He reports as interval changes since her last visit, increased neck, left shoulder and left hip pain. She reports she is scheduled for an updated lumbar spine MRI. The provider documents her complaint of numbness, tingling, weakness, and pain involving the left arm extending to the left finger tips. It is also noted that her neck, left upper extremity and low back issues have been worsening over the last 5-6 months and greatly affecting her daily functions and sleep. She reports being the full time caregiver for her mother and father which often exacerbates her symptoms in the same distribution. She reports the average pain without medications is 10 out of

10 but with medications is 4 out of 10 on the pain scale. She reports no side effects from her current medication regime and they keep her functional allowing increased mobility and tolerance of her activities of daily living. Her current medications are listed by this provider as: Norco, Soma and Prilosec. On physical examination the provider notes her cervical range of motion is diminished with pain at the end range in all directions. He notes tenderness over the C5, C6 and C7 facets on the right. She has a negative Spurling's and Hoffman's sign. The provider documents she has a decreased bilateral left upper extremity - left deltoid, triceps and bilateral wrist extensors 4- out of 5, left wrist flexors and fingers 4-5 and decreased left TA and bilateral PF at 4+ out of 5. He notes she has decreased left C5, left C6, left C8, left L4, left L5 and right C8 and right L5 sensory to pinprick. Her light touch is decreased in the right upper extremity. The left shoulder examination is documented with tenderness over the AC joint and there are clear signs of impingement. He documents the subacromial bursitis and painful limited range of motion is noted. His treatment plan includes medications with Soma 350mg one every day for spasms. PR-2 notes going back as far as 10-1-14 indicted the injured worker has been prescribed Soma in this manner. A Request for Authorization is dated 7-13-15. A Utilization Review letter is dated 7-6-15 and non-certification was for Soma 350mg #30 with 1 refill. The requested treatment(s) were denied for not meeting the CA MTUS Chronic Pain Medical Treatment Guidelines. The provider is requesting authorization of Soma 350mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30 Refills: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. As this medication is not recommended for long term use and the injured worker has been prescribed the medication since 2014, it is not supported in this case. The request for Soma 350mg #30 Refills: 1 is not medically necessary.