

Case Number:	CM15-0023814		
Date Assigned:	02/13/2015	Date of Injury:	03/22/2012
Decision Date:	04/14/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old female who reported an injury on 03/12/2012 due to an unspecified mechanism of injury. On 12/18/2014, she presented for a follow-up evaluation regarding her work related injury. She complained of pain in the cervical spine, right shoulder, and lumbar spine rated at an 8/10 to 10/10 on the pain scale. She noted that she had been taking her medications regularly, tolerating them well, and stated that they were helping her pain. A physical examination showed that she had an antalgic gait on the right and was unable to perform heel toe walking and performed with difficulty on the left. There was decreased normal lordosis and moderate tenderness to palpation and spasm over the cervical paraspinal muscles extending on the right trapezius muscles. Axial head compression and Spurling's sign were positive on the right, and there was facet tenderness at the C4-7 levels. Range of motion was noted to be decreased in the cervical spine throughout, and sensation was decreased along the C5 and C6 dermatomes. Upper extremity strength was a 5/5 with the exception of the shoulder abductors which were a 4/5. Upper extremity reflexes were at 2+ with the exception of the biceps and brachioradialis on the right which were a 1+. There was also decreased hyperlordosis and diffuse tenderness over the lumbar paraspinals and mild facet tenderness at the L4-S1 levels. She had a positive Farfan's test bilaterally and decreased range of motion. Sensation was noted to be normal and she had 4/5 strength in the right plantar flexors and foot "evertors." There was also a 1+ knee reflex and an absent ankle reflex on the right. She was diagnosed with cervical spine disc disease, cervical spine radiculopathy, cervical facet syndrome, right shoulder impingement, lumbar spine disc disease, lumbar spine radiculopathy, lumbar spine facet

syndrome, right sacroiliac joint facet arthropathy, and status post open reduction and internal fixation of the right foot with right lower extremity CRPS. Her medications were noted to include Elavil 25 mg 1 by mouth at bedtime, Xanax 1 mg 1 by mouth 3 times a day, gabapentin 600 mg 1 by mouth 3 times a day, Prozac 20 mg 1 by mouth 4 times a day, Soma 350 mg 1 by mouth twice a day, and Norco 10/325 mg 1 by mouth every 4 to 6 hours. The treatment plan was for Soma 350 mg #60. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of Soma, and state that this medication is not indicated for long-term use. While it is noted that the injured worker had reported receiving pain relief with the use of her medications, there is a lack of documentation showing that she has had a quantitative decrease in pain or an objective functional improvement with the use of this medication to support its continuation. Also, the frequency of the medication was not stated within the request, and Soma is not recommended by the cited guidelines. Furthermore, there is a lack of documentation regarding how long she has been using this medication, and without this information, continuing would not be supported as it is only recommended for short-term treatment if at all. Therefore, the request is not supported. As such, the request is not medically necessary.