

Case Number:	CM15-0064139		
Date Assigned:	04/10/2015	Date of Injury:	07/16/2014
Decision Date:	05/08/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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:

This 54 year old female sustained an industrial injury to the neck, back, chest and right shoulder on 7/16/14. Previous treatment included magnetic resonance imaging, injections, physical therapy, home exercise and medications. In a PR-2 dated 2/2/15, the injured worker complained of neck pain rated 9/10 on the visual analog scale with radiation to bilateral upper extremities associated with numbness and tingling, occasional 4/10 chest pain, frequent low back pain 8/10 with radiation to bilateral lower extremities associated with numbness and tingling and constant right shoulder pain 8/10. Physical exam was remarkable for decreased range of motion to the cervical spine, lumbar spine and right shoulder, tenderness to palpation along the right trapezius muscles and lumbar spine with palpable spasms along the paraspinal musculature and positive bilateral straight leg raise. Current diagnoses included cervical spine disc protrusion, cervical spine stenosis, chest wall contusion, lumbar disc protrusion, lumbar spine stenosis, lumbar spine radiculopathy, right shoulder derangement and right shoulder tendonitis. The treatment plan included pending authorization for an orthopedic evaluation, medications (Soma and Norco), topical compound creams and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM chapter 7 Independent Medical Examinations and Consultations, pages 127.

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 significant 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 350 MG #60 is not medically necessary and appropriate.