

Case Number:	CM15-0065124		
Date Assigned:	04/13/2015	Date of Injury:	06/08/2011
Decision Date:	05/18/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/06/2015

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 28-year-old female with an industrial injury dated June 8, 2011. The injured worker diagnoses include status post-thoracic outlet surgery, severe ongoing pain in the shoulder and arm, neuropathic/nociceptive, severe depression, anxiety, severe functional impairment and neuropathic pain in right upper extremity, mixed. She has been treated with prescribed medications and periodic follow up visits. According to the progress note dated 3/16/2015, the injured worker reported severe burning pain in the neck, shoulder and arm, essentially unchanged. Objective findings revealed severe pain with manipulation of the right arm and increased in tactile allodynia with hyperpathia in the hand and forearm. The treating physician prescribed Soma 350 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 350 mg #90 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 status post thoracic outlet surgery; severe ongoing pain shoulder and arm; severe depression, anxiety. The documentation shows the injured worker was taking Soma as far back as November 4, 2014. Additional medications included OxyContin 20 mg, Percocet 10/325 mg, Klonopin 0.5 mg, and Pristiq. They follow progress note (the most recent progress note) dated March 16, 2015 shows the injured worker is still taking Soma 350 mg PO TID. Subjective complaints include ongoing pain in the right shoulder and arm. Muscle relaxants are recommended for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation in chronic low back pain. There is no documentation of an acute exacerbation or back pain documented in the medical record. Additionally, the injured worker has been using Soma in excess of five months. The guidelines recommend short-term use (less than two weeks). There is no documentation evidencing objective functional improvement. The treating provider exceeded the recommended guidelines for less than two weeks. Also, the Official Disability Guidelines do not recommend Soma. Consequently, absent clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term use (less than two weeks), Soma 350 mg #90 is not medically necessary.