

Case Number:	CM15-0092378		
Date Assigned:	05/18/2015	Date of Injury:	03/27/2014
Decision Date:	06/18/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/13/2015

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 47 year old male, who sustained an industrial injury on 3/27/14. He has reported initial complaints of head and neck injuries with loss of hearing in the one ear after being in a car accident. The diagnoses have included closed head injury with concussion, cervical strain/sprain, and chronic pain syndrome. Treatment to date has included medications, diagnostics, psychiatric, acupuncture, physical therapy, and Transcutaneous electrical nerve stimulation (TENS). Currently, as per the physician progress note dated 4/22/15, the injured worker complains of constant pain in the neck. The pain is rated 6/10 on the pain scale. The least reported pain over the period since the last assessment was 3/10 on pain scale, the average pain was 6/10 on pain scale, the intensity of pain after taking the opioid is 3/10 on pain scale and the average pain is 6/10 on pain scale. The review of systems reveals that he complained of headache, numbness, joint pain, muscle stiffness, depression, anxiety, stress and insomnia. The objective findings revealed blood pressure 122/86, pulse 82 and respirations 18. The physical exam findings reveal decreased cervical range of motion. There were no other findings noted. The current medications included Relafen, Topamax, and Soma. There was no report of a urine drug screen noted in the records. The treatment plan was for continuing acupuncture, neurology, electromyography (EMG)/nerve conduction velocity studies (NCV) of right upper extremity to rule out cervical radiculopathy, instruct neck stretches and medications. The physician requested treatment included Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60, Refill: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carisoprodol therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #60 with 2 refills 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 concussion syndrome; cervical strain/sprain; and chronic pain syndrome. The documentation, according to a QME dated January 8, 2015 states the injured worker had been on multiple muscle relaxants during the 2014 calendar year. These medications include Zanaflex, cyclobenzaprine and baclofen. According to a progress note dated August 28, 2014, the injured worker has been taking Soma 350 mg. The most recent progress note dated April 26, 2015, shows the injured worker is still taking Soma 350 mg. There is no documentation in the record demonstrating objective functional improvement with ongoing Soma. Additionally, Soma is indicated (all muscle relaxants) for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation indicating an acute exacerbation of chronic low back pain in the medical record. The documentation shows the injured worker has been using Soma 350 mg in excess of 10 months. Taken together with muscle relaxants tried and failed, the injured worker has been on muscle relaxants in excess of 12 months. This is in excess of the recommended guidelines for muscle relaxants. Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support ongoing Soma in excess of the recommended guidelines for short-term use (less than two weeks) with documentation of an acute exacerbation of low back pain, Soma 350 mg #60 with 2 refills is not medically necessary.