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| Case Number: | CM14-0155641 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 09/27/1996 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 09/05/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male who reported a work related injury on 09/27/1996. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of occipital neuralgia, right cervical radiculopathy, failed back surgery syndrome, failed neck surgery syndrome, chronic pain, lumbar radiculopathy, lumbar facet arthropathy, and major depression. The injured worker's past treatment included medication management, physical therapy, and surgical intervention. Diagnostic studies were not provided for review. The request for Soma is not medically necessary. The injured worker's surgical history consists of 7 lower back surgeries on an unspecified date, and a cervical fusion on an unspecified date. Upon examination on 08/15/2014 the injured worker was being treated for chronic low back and neck pain with radiation into the left upper extremity and lower extremities. The injured worker reported he had at least 50% improvement in pain with the use of his current medication regimen and was able to sit for 1 or 2 hours during school and perform household chores. Physical examination noted that the injured worker had a limited range of motion in the cervical and lumbar spine due to pain, had a positive nerve root tension bilaterally, decreased sensation in both lower extremities, weakness with hand grip on the left, and decreased deep tendon reflexes in the upper and lower extremities but equal. It was noted that the injured worker had tenderness over the cervical spine, anterior scalp, occipital area, lower parathoracic facet joints, lumbar area, and both knees. The injured worker described his pain as sharp, dull/aching, throbbing, pins and needles, stabbing, numbness, pressure, electrical/shooting, burning, stinging, cramping, numbness, weakness, and spasms. He rated his pain as a 7/10 on a VAS pain scale. The injured worker's prescribed medications include Celebrex, Dilaudid, Norco, and Soma. The injured worker's treatment plan consists of Dilaudid, Norco, and Soma, and continue Celebrex as all

prescribed medications are medically necessary for the injured worker to maintain good pain control. The request was to maintain good pain control and function. The rationale for the request was not submitted for review. A Request for Authorization form was submitted for review on 08/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California MTUS notes that muscle relaxants for pain are recommended in certain situations, such as patients with chronic low back pain as a second-line option for short-term treatment of acute exacerbations. The guidelines also note that Soma is not recommended for long-term use due to its adverse effects and high rate of abuse. Use should be limited to 2-3 weeks. Although the injured worker is experiencing low back pain, within the documentation it is noted that the injured worker was prescribed Soma in 2012, the guidelines recommend Soma for a duration of 2-3 weeks. However, the injured has already been prescribed Soma well beyond a 2-3 week period. An additional prescription of 1 prescription for soma 350mg #90 would exceed the length of recommended usage per the guidelines. Therefore, for the request for 1 prescription for Soma 350mg #90 is not medically necessary.