

<b>Case Number:</b>	CM13-0019895		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/31/2003
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 patient is a 49-year-old male who was injured on 03/31/2003, after he slipped on ice while getting off the freezer conveyor belt and hitting his face on a metal beam, his left hand, left face shoulders on the conveyor, and his upper and lower back on a protruding bar. The prior treatment history has included physical therapy started on 09/12/2003 for left shoulder, cervical strain and lumbar strain where he reached approximately 66% of predicted improvement in 16 visits. He received trigger point injections in the trapezius area. The medications included: carisoprodol 350 mg four times a day, hydrocodone-acetaminophen 5/325 mg, six times a day, Naproxen 500 mg 1 by mouth twice a day, Ranitidine 150 mg, two a day, as needed; 15 mg three times a day, up to 30/month for breakthrough pain, Norco 10/325 mg, Soma 350 mg four times a day, as needed, and Zantac. The current medications as of 08/13/2013 include Norco 10/325 mg 4-6 per day; Soma 350 mg 2-4 per day; Aciphex daily; lisinopril daily; Ambien (he is not sure if 20 or 30 mg) every night. On 02/07/2013 he underwent open tenodesis of biceps tendon on the right and open repair of complex rotator cuff tear, also on the right. He also had chiropractic and physical therapy sessions, which did help with his pain. The diagnostic studies reviewed included an MRI of the left shoulder and an MRI of the cervical spine, dated 04/28/2003 which were within normal limits. The MRI of the thoracic spine, dated 05/18/2003 reported a one (1) mm central posterior disc protrusion at T5-6, T6-7 and T7-8. The MRI of the lumbar spine, dated 05/18/2003 reported a 1.5 mm central posterior disc/endplate complex at T12-L1 indenting the anterior aspect of the thecal sac. There was mild narrowing of both neural foraminal at L4-5 with disc desiccation and 2 mm broad based posterior disc protrusion at L5-S1. The nerve conduction test/electromyography (NCT/EMG) of the right upper extremity, dated 08/29/13 revealed normal NCT/EMG of right upper extremity. A urine drug screen, dated 12/15/2010 was negative for illicit drugs. The clinic note, dated 04/01/2003 documented that the patient was to start physical

therapy the next day. He had a diagnosis of thoracic spine contusion/strain, with some spasms. He was given medication and recommended to continue light duty and physical therapy. The clinic note, dated 05/16/05 by [REDACTED], documented the patient to have neck pain, arm symptoms, low back symptoms, and paresthesias in the hand and twitching in the ulnar aspect of the left hand. A supplemental report, dated 10/24/2005 by [REDACTED] stated that orthopedic treatment for the low back pain had been exhausted and he did not recommend any further treatment. On 11/30/2005, [REDACTED] reviewed the initial [REDACTED] form and amended his opinion regarding cessation for the low back pain. He stated that the low back pain condition was not the result of the injury dated 03/31/2003. There were no complaints of low back pain at the time of the initial evaluation following his injury or any subsequent medical reports prior to 05/07/2003. The progress report, dated 09/11/2013 documented the patient with complaints of right shoulder pain, low back pain with radiation to the left lower extremity with numbness, sleep difficulty, mostly due to right shoulder pain, and stomach upset, intermittent, due to use of pain medication. He received a steroid injection in August per [REDACTED]. He is scheduled for his second injection in October. With pain medication, the pain level is 4-5/10 and without the medication it would be 8/10. An examination of the lumbar spine had objective findings of slight to moderate paralumbar muscle spasm, mostly on the left side. The range of motion (ROM) showed: Flexion 80% of normal, extension 80% of normal, right lateral flexion 80% of normal, and left lateral flexion 80% of normal. The straight leg raising test is positive to the left at 70 degrees in sitting position and negative to the right. The Lasegue's test is negative bilaterally. An examination of the cervical spine reveals paracervical muscles showing light spasm and tenderness. The Spurling's sign is negative on both sides. A neurological examination shows that the straight gait is normal, with no limp. It was requested to authorize Soma 350 mg four times a day, as needed for muscle spasm.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MASSAGE THERAPY 2 X3 FOR THE LOW BACK: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation THE PHYSICAL MEDICINE AND REHABILITATION, 3RD EDITION, 2007, CHAPTER 20: MANIPULATION, TRACTION, AND MASSAGE, PAGES 437-458

**Decision rationale:** According to the Chronic Pain Guidelines, studies show that massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. The medical records demonstrate the patient has undergone extensive treatment over several years since his industrial injury. However, the medical records do not establish the patient has been currently actively utilizing a self-directed home exercise program. In addition, it is not established that the patient presents with clinically significant exacerbation/flare or worsening of symptoms and findings on examination as to warrant consideration of introducing additional adjunctive palliative intervention, of which beneficial effect has been shown to be transitory.

**SOMA 350 MG FOR MUSCLE SPASM:** 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 Page(s): 29. Decision based on Non-MTUS Citation ESSENTIALS OF PAIN MEDICINE AND REGIONAL ANESTHESIA, 2ND EDITION, 2005, CHAPTER 17: MUSCLE RELAXANTS, PAGES 159-165.

**Decision rationale:** According to the Chronic Pain Guidelines, Soma is not recommended. The medical records demonstrate the patient has been utilizing Soma for years. This medication is not intended for long-term use and continued utilization is not supported by the relevant literature. The guidelines note that abuse has been noted for sedative and relaxant effects. The medical necessity of continuing Soma 350mg for muscle spasm is not established.

