

Case Number:	CM13-0042499		
Date Assigned:	12/27/2013	Date of Injury:	12/15/2004
Decision Date:	05/27/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/18/2013

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 New York and Texas. 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 represented [REDACTED] employee with a stated date of injury of 12/15/04. The mechanism of injury is not noted. He has been diagnosed with chronic neck pain and is status post laminectomy from C5 to C7 on March 25, 2011. According to the most recent clinical note available by [REDACTED], the patient has new findings on the cervical MRI which reportedly showed central protrusion at C3-4 and narrowing of the right C4 foramen, plus C5-6 asymmetrical bulging toward the left. Physical examination revealed intact surgical incision scars along the mid neck posteriorly. There was significant cervical paraspinal muscle tenderness to palpation. Cervical spine testing showed decreased range of motion in flexion, extension, lateral flexion, and rotation. The neurological exam revealed no significant weakness with bilateral upper extremities, and noted patchy changes to pin prick at the right upper extremity. Reflexes were noted to be diminished symmetrically. The patient has been treated with cervical epidural steroid injections in the past as well as facet medial branch block. It is noted that he had good response to the facet medial branch block for the levels of C4, C5, and C7-T1. On 12/13/13, it was noted by [REDACTED] that the patient's pain has been returning and getting worse. The patient has been taking Oxycodone 20mg Q 4 hours and Soma for spasms. [REDACTED] recommendations included a radiofrequency rhizotomy for bilateral C4, C5, and C7-T1 facet medial branch, change to Oxycodone 30mg Q 4 hours, and Soma 350mg which was being prescribed for four times daily, but was to be decreased back to 3 per day when doing better.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY ABLATION FOR BILATERAL C4, C5, C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 300-301.

Decision rationale: As per evidence based guidelines, there should be documentation of at least one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, no more than two joint levels are to be performed at one time, and there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. According to the clinical documentation provided, it is noted that no more than 2 joint levels will be involved. However, there is no clear documentation that diagnostic medial branch blocks have resulted in a response of greater than or equal to 70%. Therefore, the radiofrequency ablation for bilateral C4, C5, and C6 cannot be recommended as medically necessary.

SOMA 350MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 29.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, Soma is not recommended for chronic or long-term use. There is limited documentation in the clinical documentation provided regarding how long the patient has been taking Soma or what specific functional improvements he has obtained from the use of Soma. There was no mention on physical exam of significant muscle spasms. Carisoprodol (Soma) is a commonly prescribed, centrally acting Final Determination Letter for IMR Case Number CM13-0042499 4 skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). The clinical documentation provided does not support ongoing use of this medication. Therefore, Soma 350 mg cannot be recommended as medically necessary.