

<b>Case Number:</b>	CM13-0045444		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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:

This is a 36-year-old female who sustained injury on 03/04/2011 to multiple body areas. She was diagnosed with chronic pain syndrome. She was evaluated by [REDACTED]. A note dated 06/04/2013 indicates she presented with complaints of chronic neck pain radiation to her shoulders, down her upper extremities and her back. She was taking medication for some relief. She also complained of depression and anxiety related to her chronic pain and was under care of [REDACTED], internist. On exam, there was tenderness on point palpation posteriorly over cervical and lumbar paravertebral musculature. Cervical and lumbar ROM was limited. A note dated 10/08/2013 indicates she continued to have complaints of neck, mid and lower back pain. She was under care of [REDACTED]. She was going on psychological therapy session regularly. She also complained of migraines that were not manageable with her current medications. Cervical motion was normal with some tenderness over neck and trapezius muscles. Lumbar extension was slightly diminished. She was diagnosed with chronic pain syndrome, psychological diagnosis, internal medicine diagnosis, headaches, and cervical spondylosis. The current review is for eight visits of myofascial release for cervical and lumbar spine, Tylenol #4 20/50 mg #60, and Soma 350 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for eight visits of myofascial release for cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, Massage therapy. Page(s): 58-60..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy. Page(s): 60..

**Decision rationale:** The provider has requested 8 visits of myofascial release for cervical and lumbar spine; however, as per CA MTUS, "it is recommended as an adjunct to other recommended treatment such as exercise and should be limited to 4-6 visits in most cases." The request of 8 visits exceeds the guidelines recommended treatment and thus it is non-certified.

**The request for Tylenol #4 20/60mg #60 .:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Criteria for Use of Opioids..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Criteria for Use of Opioids. Page(s): 76-80..

**Decision rationale:** The request is for Tylenol #4 20/60, #60. There is no documentation that shows this medication is functionally helping the claimant in managing the pain symptoms. As per CA MTUS guidelines, there is limited efficacy for long-term use of opioid medication and should be limited to short-term pain relief. The documentation lacks attempt of slowly weaning or tapering this medication.

**The request for Soma 350mg #30.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, Carisoprodol (Soma). Page(s): 29..

**Decision rationale:** The request for Soma 350 mg #30 is non-certified since as per CA MTUS guidelines, there is limited efficacy for long-term use of opioid medication and should be limited to short-term pain relief. Also, there is no documentation regarding ongoing functional improvement as a result of medication use. There is no documentation regarding urine drug test, and attempt of slow tapering or weaning because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms.