

Case Number:	CM13-0063884		
Date Assigned:	04/30/2014	Date of Injury:	09/06/2011
Decision Date:	06/02/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/04/2013

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, 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:

According to the records made available for review, this is a 59-year-old female with a 9/6/11 date of injury. At the time of request for authorization for Tylenol 350mg #30 and Soma 350mg tab #30 (September 16, 2013), there is documentation of subjective (left arm, shoulder, and upper back pain) and objective (tenderness to palpation over the lateral epicondyle, decreased strength, and tenderness over the trapezius and rhomboids, and palpable trigger points) findings, current diagnoses (thoracic sprain/strain, lateral epicondylitis, and myofascial pain syndrome), and treatment to date (medications (including ongoing treatment with Tylenol, Soma, and Diclofenac)). Medical report identifies that the patient has signed the long-term controlled substance agreement. Regarding Tylenol 350mg #30, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tylenol use to date. Regarding Soma 350mg tab #30, there is no documentation of acute muscle spasms; the intention to treat over a short course (less than two weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL 350MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Section Page(s): 11-12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (Apap), Page 11-12, as well as the 9792.20 Medical Treatment Utilization Schedule.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain or acute exacerbations of chronic pain, as criteria necessary to support the medical necessity of Acetaminophen. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain, lateral epicondylitis, and myofascial pain syndrome. In addition, there is documentation of subjective (left arm, shoulder, and upper back pain) and objective (tenderness to palpation over the lateral epicondyle, decreased strength, and tenderness over the trapezius and rhomboids, and palpable trigger points) findings, and ongoing treatment with Tylenol. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tylenol use to date. Therefore, the request for Tylenol 350 mg, thirty count, is not medically necessary or appropriate.

SOMA 350MG TAB #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Section, and the 9792.20 Medical Treatment Utilization Schedule (MTUS) Defini. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants (For Pain).

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain, lateral epicondylitis, and myofascial pain syndrome. In addition, there is documentation of ongoing treatment with Soma. However, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting ongoing treatment with Carisoprodol/Soma, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work

restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Therefore, the request for Soma 350 mg tablet, thirty count, is not medically necessary.