

Case Number:	CM14-0005080		
Date Assigned:	02/05/2014	Date of Injury:	09/26/1996
Decision Date:	06/20/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/14/2014

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 Orthopedic Surgery, 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 claimant is a 38-year-old male who was injured on September 26, 1996. The November 11, 2013 progress note is provided for review. This note indicates that the claimant returns with continued complaints of pain following a cervicothoracic spine crush injury. Additional subjective complaints include intermittent numbness into both upper extremities, the 3rd, 4th and 5th digits are documented as completely numb with continued pain, and the pain is described as sharp, throbbing, pressure, shooting, cramping, and limiting daily activities. Average pain with medication is 7/10, but the claimant notes 80% relief while utilizing medication. The physical examination reveals full range of motion of the hands and wrists, slightly diminished strength at the shoulders rated as 4/5, and "paresthesias throughout as well as in the region of the C6-7 dermatomal pattern". Examination of the cervical spine does note paraspinal and bilateral trapezius muscle spasm. An AME is documented as having occurred on October 4, 2011. An MRI of the cervical spine is documented as having been performed on February 1, 1999 and demonstrated disc herniations at C4-5 and C3-4 with possible C4 radiculopathy. The utilization review in question was rendered on December 9, 2013. The clinician noncertified the requests for 90 tablets of soma 350 mg with 2 refills, 60 tablets of Seroquel 100 mg with two refills, and one cervical epidural steroid injection. The reviewer indicates that the Soma was discontinued secondary to chronic use dating back to September 2012. The Seroquel was noncertified as Seroquel is not recommended for the treatment of postherpetic stress disorder, but may be utilized for the use of insomnia. The reviewer indicates that previous use of this medication was for signs and symptoms of insomnia, but there was no current documentation to indicate the efficacy of Seroquel used for complaints of continued insomnia. The cervical epidural steroid injection was denied on the basis of insufficient findings on physical examination including

identification of radiculopathy in a specific dermatomal distribution. Additionally, the reviewer indicates that the MRI did not corroborate the clinical suspicions of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE SOMA 350MG #90 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CARISOPRODOL, MUSCLE
RELAXANTS Page(s): 29, 63-.

Decision rationale: The MTUS specifically recommends against the use of Soma and specifically notes that it is not indicated for long-term use. Additionally, the MTUS notes that muscle relaxants should not be used chronically. Based on the clinical documentation provided, this medication appears to be used chronically. As such, the request is considered not medically necessary.

ONE SEROQUEL 100MG #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Post Traumatic Stress Disorder (PTSD) Pharmacotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness And Stress; Atypically Antipsychotics.

Decision rationale: The use of atypical antipsychotics is not covered by the MTUS or ACOEM. The ODG recommends against the use of atypical antipsychotics, noting that there is insufficient evidence for the use of these medications for conditions covered in the ODG. Additionally, the ODG indicates that "antipsychotics should be far down on the list of medications that should be used for insomnia". As such, the request is considered not medically necessary.

ONE CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID
INJECTIONS Page(s): 46.

Decision rationale: The MTUS lays out very specific criteria that should be met prior to proceeding with epidural steroid injections. Based on clinical documentation provided, radiculopathy was not documented in a specific dermatomal distribution and corroborated by imaging or electrodiagnostic studies. As such, the request is considered not medically necessary.