

Case Number:	CM14-0016949		
Date Assigned:	04/11/2014	Date of Injury:	05/24/2002
Decision Date:	05/28/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/10/2014

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 Occupational 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 an employee of [REDACTED] and has submitted a claim for shoulder pain, cervical disc disorder and muscle spasm associated with an industrial injury on May 24, 2002. Treatment to date includes oral and topical analgesics, left shoulder surgery, physical therapy, aquatic therapy and home exercise program. Utilization review dated January 30, 2014 denied requests for Soma 350mg #120 and Zanaflex 4mg #60 due to no documentation of muscle spasm and weaning from Soma was advised. Medical records from 2013 were reviewed and showed persistent right shoulder pain graded 7/10. Examination of the cervical spine showed decreased range of motion secondary to pain and hypertonicity and tenderness of the paravertebral muscles. No cervical lordosis, asymmetry or abnormal curvature were noted on inspection. Bilateral shoulder movements are restricted with pain. Hawkin's test is positive and there is tenderness over the subdeltoid bursa and trapezius. Medications include Lidoderm 5% patches, miralax, Avinza 120mg and 60mg, Roxicodone 15mg, soma 350mg, Amitiza 24mcg, Zanaflex 4mg, Nortriptyline Hcl 50mg, Clonazepam 0.5mg, hydrochlorothiazide 25mg and Final Determination Letter for IMR Case Number [REDACTED] Relpax 40mg. A progress report dated August 2, 2013 trial of opiate weaning causes patient intolerable pain hence previous baseline dose of opiate medications were returned.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 29.

Decision rationale: As stated in page 29 of CA MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, the earliest progress report stating the patient's use of carisoprodol was written on November 9, 2012. Medical records submitted and reviewed indicate that this medication is being taken together with clonazepam 0.5mg, a benzodiazepine, which is not recommended per the guidelines due to high potential of abuse. Therefore, the request for prescription of Soma 350mg, #120 is not medically necessary.

ZANAFLEX 4MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63.

Decision rationale: According to page 63 of Chronic Pain Medical Treatment Guidelines, recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient complains of muscle spasms relieved by Zanaflex. She has been taking Zanaflex since November 2012; though, long-term use is not recommended. Furthermore, medical records submitted did not show objective evidence of improved functional activities. Therefore, the request for Zanaflex 4mg, #60 is not medically necessary.