

Case Number:	CM14-0113293		
Date Assigned:	08/01/2014	Date of Injury:	06/21/2007
Decision Date:	10/30/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in 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 56 year old male who was injured on 06/21/2007. The mechanism of injury is unknown. The patient underwent left shoulder arthroscopy on 01/30/2008. Progress report dated 06/10/2014 states the patient complained of constant neck pain rated as 4-5/10 with radiation into the bilateral upper extremities. He complained of right shoulder pain, rated as 4/10 with associated spasms. He was noted to be taking Soma and topical creams. On exam, there is tenderness to palpation of the patient cervical paravertebral muscle. Range of motion is restricted. Upper extremity motor strength testing revealed weakness. The patient has two trigger points in the cervical spine. Deep tendon reflexes are diminished at the brachioradialis (C6) reflex at 1- bilaterally. Lumbar spine range of motion revealed 35 degrees; 25 degrees; 45 degrees; 40 degrees; 10 degrees and 15 degrees. The patient is diagnosed with cervical spine herniated nucleus pulposus at C3 through C6; right carpal tunnel syndrome; C5-C8 chronic radiculopathy; left knee lateral meniscus internal derangement; bilateral medial meniscus internal derangement; cervical spine myofascial pain syndrome. The patient was recommended Soma and consult with [REDACTED], psychologist. Prior utilization review dated 07/03/2014 states the request for Consultation with [REDACTED] is denied as the medical necessity has not been established; and Soma 350mg #60 is denied as the medication is not indicated for long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations (Main-BMJ, 2002) (Gatchel, 2004)(Sever).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations And Consultations Pages 503-524

Decision rationale: ACOEM notes that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. There is an absence in documentation noting that this claimant has psychological problems that would require a consultation. Therefore, the request is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) . Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Procedure Summary (updated 05/15/2014) / Muscle Relaxants -Antispasmodics (van Tulder, 2006) (Chou, 2004)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Soma

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants, particularly Soma due to its high addictive properties. There are no extenuating circumstances to support the long term use of this medication in this case. Therefore, the request is not medically necessary.