

Case Number:	CM14-0127255		
Date Assigned:	09/23/2014	Date of Injury:	09/11/2008
Decision Date:	11/25/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Medicine and is licensed to practice in California and 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:

This is a 31 year old female patient who sustained a work related injury on 9/11/2008. Patient sustained the injury when she stood on her chair to reach the cabinet, the chair swiveled causing her to rotate and lose her balance and she fell backward and was able to stop her fall with her arms on the countertops. The current diagnoses include fibromyalgia, obesity, Irritable bowel syndrome, thoracic outlet syndrome, left upper extremity and depression, L5-S1 herniated nucleus pulposus with annular tear, Left shoulder supraspinatus tendinosis/partial thickness tear and left lower extremity radiculopathy and Cervical radiculopathy. Per the doctor's note dated 7/8/14, patient has complaints of neck pain with radiation to the left arm and complaint of numbness and tingling, mid and low back pain at 7/10. Physical examination revealed positive Spurling's test with radiating pain into the left shoulder, positive Hawkins and Neer's tests at the left shoulder, range of motion forward flexion at 120/180 degrees, internal rotation at 45/90 degrees, and external rotation at 30/90 degrees, tenderness over the thoracic spine at T8 and T9 level. Examination of the lumbar spine revealed paraspinal spasms and tenderness, straight leg raise test was positive on the left with radiation to the posterior aspect of the thigh and knee, weakness in the extensor hallucis longus and peroneus longus at 4/5, decreased sensation to light touch over the posterior aspect of the calf and at the ulnar two digits on the left. The current medication lists include Norco, Soma, Lyrica, Lexapro, Hydrocodone, Elavil and Klonopin. The patient has had MRI of the thoracic spine that revealed a T8-9 disc protrusion and a tendinosis of the left shoulder; EMG on 3/26/14 with normal findings; MRI findings of the cervical spine that revealed left paracentral disc herniation approximately 2-3 mm impinging on the existing C7 nerve root; MRI of the low back on 7/30/13 that revealed L5-S1 herniated nucleus pulposus with annular tear and left lower extremity radiculopathy; MRI of the left shoulder on 12/16/13 that revealed supraspinatus tendinosis/partial thickness tear and MRI of the thoracic spine on 12/16/13

that revealed T9-10 disc bulge and ultrasound of hip, elbow and pelvis on 12/6/12 that was normal The patient has had epidural injections and trigger point injections for this injury The patient's surgical history include Left wrist cyst removalThe patient has had a left shoulder injection on 1/16/13 Any operative/ or procedure note was not specified in the records providedThe patient has received an unspecified number of the PT visits for this injury.She has had a urine drug toxicology report on 3/05/14 and 5/20/14 and 7/9/14 that was consistentThe patient has used a TENS unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol SomaMuscle relaxantsCarisoprodol Soma Page(s): 29 63.

Decision rationale: According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, 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 low back pain (LBP). Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." Any evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided.California MTUS, 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. Soma is recommended for short term use only, in acute exacerbations in chronic pain. Patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided.The date of injury for this patient is 09/11/08. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Therefore the medical necessity of Soma 350mg #60 is not established for this patient.

Physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: The guidelines cited below state, " allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine" Patient has received an unspecified number of physical therapy (PT) visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for physical therapy is not fully established for this patient.