

Case Number:	CM14-0151524		
Date Assigned:	09/19/2014	Date of Injury:	06/17/2000
Decision Date:	10/20/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/16/2014

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 Pain Management 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 injured worker is a 48-year-old male who sustained work-related injuries on June 17, 2000. Per the operative report dated February 5, 2014, he underwent an epidural blood patch at the L2-3 level. On February 13, 2014, the injured worker reported that he continued to have left shoulder pain. He reported that his range of motion was getting better, but he continued to have some limitation. He continues to have pain despite therapy treatment. Objectively, his range of motion was limited with pain. There was numbness and tingling noted. He underwent computed tomography-arthrogram of the left shoulder on March 27, 2014 and it revealed (a) free contrast identified within the subacromial and subdeltoid bursa suggesting secondary evidence of rotator cuff tear (there is irregularity at the subscapularis likely reflecting tear of the subscapularis; and (b) mild degenerative changes of the acromioclavicular joint. Per the April 2, 2014 records, the stimulator stopped working and continued not to capture the low back. He had a representative reprogram, but this did not help. The spinal cord stimulator was helpful for approximately 3 years with good relief (September 25, 2009). He complained of severe pain in the low back and coccyx. Objectively, he was noted to ambulate slowly with antalgia and utilizing a cane. The low back shows spasm on bilateral L5. A spinal cord stimulator representative adjusted the frequency but it is still at 30-40 and needs to be over 90. Sensation was decreased in the right posterolateral thigh. Magnetic resonance imaging of the lumbar spine showed L5-S1 disc bulge with neuroforaminal stenosis and a restricted range of motion. The most recent records dated July 23, 2014 documented that the stimulator was working moderately but continued not to capture the low back. His low back pain has increased pain with radiation to the groin and anterior thigh. He also complained of severe pain in the low back and coccyx and left shoulder pain. He reported that the increased pain of the low back radiated to the right testicle. Objectively, he was noted to have slow ambulation with antalgia and utilizing a cane. Low back spasms were noted

at the bilateral L5. Sensation was decreased in the right posterolateral thigh and bilateral anterolateral thigh. A computed tomography scan of the left shoulder noted left rotator cuff tear. A computed tomography scan of the lumbar spine dated November 17, 2010 noted L2-3 3-mm bulge with bilateral neuroforaminal stenosis. A computed tomography scan of the lumbar spine dated June 24, 2014 noted L2-3 herniated nucleus pulposus (junctional). A urine analysis dated May 2014 noted compliance. The injured worker's range of motion was limited. He is diagnosed with (a) lumbar post laminectomy syndrome; L2-3 and L5-S1 (junctional) disc with neuroforaminal stenosis, (b) status post spinal cord stimulator implant; moderate relief with reprogramming, (c) left rotator cuff tear, and (d) rule out increased junctional disc herniation (last computed tomography [CT] was in 2010).

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Although there are objective findings of spasms in the bilateral L5 area, evidence-based guidelines indicate that Soma (Carisoprodol) is not recommended for longer than a two-to-three week period or even for long-term use. There is also potential for increased abuse due to its sedating and relaxant effects. In this case, the injured worker is noted to have been utilizing Soma since April 2, 2014 and has continued to utilize it as per the July 23, 2014 records. Based on this information, it is apparent that Soma is being utilized in the long-term which is a violation of the recommendations provided by evidence-based guidelines. Hence, the request of Soma 350mg, #90 is not medically necessary and appropriate.