MAXIMUS Federal Services

Case Number:	CM14-0027698		
Date Assigned:	06/13/2014	Date of Injury:	11/30/2010
Decision Date:	08/12/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 43-year-old female with a reported injury dated of 10/31/2010. The mechanism of injury was not provided. Her diagnoses include a cervical disc bulge at C4-5, a lumbar disc herniation at L5-S1, myofascial pain syndrome of the neck and shoulders, bilateral shoulder impingement syndrome, worse on the right, and a sleep disorder. The clinical note dated 05/20/2014 noted that the injured worker had numerous complaints, to include 7/10 pain in the cervical spine that radiated to the bilateral hands, 9/10 pain in the lumbar spine that radiated to the bilateral lower extremities and bilateral shoulder and knee pain rated at an 8/10. In addition, it was noted that the injured worker had complaints of left elbow pain rated at a 7/10. Also, the injured worker reported an improvement in her pain level from an 8/10 to 9/10 to a 4/10 with the current medication regimen which included Motrin 800 mg and Soma 350 mg; this regiment has been in place since at least 06/11/2013. On physical examination of the cervical spine, it was noted that there was limited range of motion and tenderness to palpation over the trapezius and paravertebral musculature bilaterally, greater on the left than on the right. There was a positive Spurling's bilaterally. Muscle strength was measured at a 4/5 in the C5, C6, C7 and C8 nerve roots bilaterally. In addition, it was noted that the sensation was decreased along the C5, C6, C7 and C8 nerve distributions bilaterally. Shoulder depression test was also noted to be positive. Examination of the lumbar spine revealed limited range of motion and tenderness to palpation over the lumbar paraspinal musculature bilaterally, greater on the left than on the right. There was a positive Kemp's bilaterally and a positive straight leg raise on the left at 70 degrees that produced pain radiating down the posterior thigh. Muscle strength was 4/5 in the L4, L5 and S1 nerve roots bilaterally. In addition, it was noted that sensation decreased along the L4 nerve distribution on the right. Sensation was normal in the L5 and S1 nerve distributions bilaterally. Examination of the bilateral shoulders revealed limited range of motion. In addition, it was

noted that there was a painful arc of motion over 135 degrees and noted tenderness over the acromioclavicular joint. Strength was measured at a 4/5 with flexion and abduction. The examination of the left elbow revealed normal range of motion, with tenderness noted over the medial epicondyle. Sensation was decreased in the ulnar nerve distribution. Examination of the bilateral knees revealed limited range of motion. Valgus stress, varus stress and McMurray's tests were positive bilaterally. Strength was measured at a 4/5 in the quadriceps muscles bilaterally. In addition, it was noted that palpation of the medial joint line and lateral joint line revealed tenderness bilaterally. Under the treatment plan, it was noted that the physician prescribed Motrin 800 mg #90 and Soma 350 mg #60. There was no Request for Authorization form supplied for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA (CARISOPRODOL) 350 MG #120, ONE TABLET BY MOUTH FOR SPASMS EVERY SIX HOURS AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for Soma (carisoprodol) 350 mg #120 as 1 tablet by mouth for spasms every 6 hours as needed is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that Soma is not currently recommended, and this medication is not intended for long-term use. This request remains unclear, as the documentation shows that the physician was prescribing Soma 350 mg #60, while the request is for Soma 350 mg #120. Additionally, this requested medication is not currently recommended by the Chronic Pain Medical Treatment Guidelines. Furthermore, the guidelines state that this medication is not intended for long-term use, and there is documentation showing that the injured worker has been prescribed this medication since at least 06/11/2013. As such, this requested medication is not medically necessary.