

Case Number:	CM14-0027871		
Date Assigned:	06/16/2014	Date of Injury:	03/01/2012
Decision Date:	07/16/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/05/2014

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 Internal 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:

Patient is an injured worker status post cervical spine surgery. Date of injury was 03-01-2012. Treating physician's progress report 01/14/14 was provided by [REDACTED]. Subjective complaints: She has had an increase in pain. She is having extreme difficulty with insomnia. The patient has undergone anterior cervical discectomy and fusion at C4-C7 with [REDACTED] on August 14, 2013. She is also experiencing episodes of anxiety. She notes that her primary care physician has placed her on Cymbalta. The patient remains symptomatic with severe neck pain that radiates into the both shoulders and the upper back as well as some pain in the low back. She continues to describe muscle spasms, stiffness, and tightness of her muscles. She is currently struggling with insomnia. Physical examination: She appears to be in moderate discomfort. Affect/mood: depressed. Diffuse myofascial tenderness over the bilateral trapezius rhomboid levator scapulae, also over the paraspinous cervical region. Upper extremities Motor strength 5/5 distally. Diagnoses: Cervicalgia with myofascial pain; Status post C4-C5, C5-C6, and C6-C7 anterior cervical discectomy and fusion performed on August 14, 2013; Cervical spine strain/sprain; Cervical radiculopathy; Status post right carpal tunnel release; Lumbar spine sprain/strain, low back pain. Medications include Dilaudid, Dalmane, and Cymbalta. Regarding the treatment plan, [REDACTED] requested authorization for the patient to undergo a psychological evaluation for training on coping mechanisms and potentially for biofeedback. The patient has experienced significant anxiety and depression following her cervical spine surgery. [REDACTED] stated: "I believe psychological pain management training will be beneficial." Utilization review dated 04-04-2012 recommended non-certification of the request for soma and psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG BID TO QID PRN MUSCLE SPASMS # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) Page 29 of 127 Carisoprodol (Soma).

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 29) states that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. FDA Prescribing Information states that Soma should only be used for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use has not been established. Treating physician's progress report 01-14-2014 documented diagnoses: Cervicalgia with myofascial pain; Status post C4-C5, C5-C6, and C6-C7 anterior cervical discectomy and fusion performed on August 14, 2013; Cervical spine strain/sprain; Cervical radiculopathy; Status post right carpal tunnel release; Lumbar spine sprain/strain, low back pain. Date of injury was 03-01-2012. Patient's medical conditions are chronic. MTUS and FDA guidelines do not support the use of Soma. Therefore, the request for SOMA 350MG BID TO QID PRN MUSCLE SPASMS # 60 is not medically necessary.

REQUEST PSYCHOLOGICAL EVALUATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines Psychological evaluations, page(s) 100-101 and Psychological treatment, page(s) 101-102.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 100-102) recommended psychological evaluations and psychological treatment. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Treating physician's progress report 01-14-2014 documented diagnoses: Cervicalgia with myofascial pain; Status post C4-C5, C5-C6, and C6-C7 anterior cervical discectomy and fusion performed on August 14, 2013; Cervical spine strain/sprain; Cervical radiculopathy; Status post right carpal tunnel release; Lumbar spine sprain/strain, low back pain. Date of injury was 03-01-2012. Depression, anxiety, and insomnia were documented. Patient has a prescription for Cymbalta. Regarding the treatment plan, ██████ requested authorization for the patient to undergo a psychological evaluation for training on coping mechanisms and potentially for biofeedback. The patient has experienced significant anxiety and depression following her cervical spine surgery. ██████ stated: "I believe psychological pain management training will be beneficial." MTUS guidelines and medical records support the medical necessity of psychological evaluation. Therefore, the request for PSYCHOLOGICAL EVALUATION is Medically Necessary.

