

Case Number:	CM14-0075808		
Date Assigned:	07/16/2014	Date of Injury:	12/08/2013
Decision Date:	08/14/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 12/08/13 during an altercation while working as a police officer. He had neck, knee, and left shoulder pain. An MRI of the cervical spine on 01/31/14 showed findings of mild degenerative disc disease. He was seen for an evaluation by the requesting provider on 12/28/13. He had findings of neck pain with tightness and stiffness. He was diagnosed with a cervical strain and physical therapy two times per week for six weeks was requested. On 01/27/14 the note references slow improvement with physical therapy, although these had not yet begun. Physical therapy treatments started on 02/07/14. On 02/24/14 he was continuing to improve with physical therapy. On 03/19/14 he had started chiropractic treatments and was unsure whether they were providing pain relief. Six physical therapy treatments were completed as of 03/31/14. On 04/07/14 he had completed the six chiropractic treatments on 04/02/14 but was having ongoing constant left-sided neck pain extending into the scapula. Soma was providing only partial pain relief. Physical examination findings included decreased cervical spine range of motion with left trapezius muscle spasm. There was full left shoulder range of motion. Soma was continued and hydrocodone was prescribed. Authorization for additional chiropractic care was requested. He was maintained at temporary total disability.

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 Page(s): 74.

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

Decision rationale: The claimant is more than 6 months status post work-related injury and continues to be treated for a cervical strain. His provider documents decreased cervical spine range of motion with left trapezius muscle spasm. Soma (Carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed Carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, the claimant is taking Soma 350 mg two times per day but has ongoing muscle spasms and with only partial pain relief. Therefore, the request of Soma 350mg #60 is not medically necessary and appropriate

Additional chiropractic 2 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) , Manipulation.

Decision rationale: The claimant is more than 6 months status post work-related injury and continues to be treated for a cervical strain. From 03/19/14 through 04/02/14 he completed 6 chiropractic treatments. On 04/07/14 he had ongoing symptoms and Hydrocodone was prescribed. Chiropractic treatment is recommended as an option in treating neck pain. However, use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated is not advised. If effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. In this case, after completing 6 chiropractic treatments there was no evidence of functional improvement. The claimant was maintained at temporary total disability and the opioid medication Hydrocodone was started, reflecting an increased dependence on medical treatment. Therefore, Additional twelve (12) chiropractic visits are not medically necessary and appropriate.