

Case Number:	CM14-0088329		
Date Assigned:	10/06/2014	Date of Injury:	08/28/2010
Decision Date:	11/06/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 63 year old female who was injured on 8/28/2010. The diagnoses are bilateral shoulders, hips, knees, left elbow and abdominal pain. There are associated diagnoses of anxiety and depression. The MRI showed right shoulder degenerative joint disease and rotator cuff tear and left knee meniscus tear. The patient completed chiropractic treatments and PT. [REDACTED] noted subjective complaints of 8/10 pain score on a scale of 0 to 10. There were objective findings of antalgic gait and decreased range of motion in the joints. The medications are tramadol and Norco for pain and Soma for muscle spasm. A Utilization Review determination was rendered on 6/4/2014 recommending non certification for Soma 350mg and modified Acupuncture treatment from #12 to #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 8-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that acupuncture can be utilized for the treatment of chronic musculoskeletal pain. It is recommended that the details of the parameters and efficacy of a trial acupuncture treatment be documented. The records indicate that the request for the initial 12 acupuncture treatments was modified and approved for 6 treatment sessions. The guidelines recommend that further treatment sessions can be requested if there is documented beneficial effects such as reductions in medications utilization and functional restoration following the initial trial acupuncture treatments. The criteria for 12 acupuncture treatment sessions was not met and the request is therefore, not medically necessary.

Soma 350mg Qty: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of muscle relaxants should be limited to periods of exacerbation of chronic musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedatives. The use of Soma is associated with significantly higher risks because of meprobamate, the metabolite with anesthetic like properties. The criteria for the use of Soma 350mg was not met and the request is therefore, not medically necessary.