

Case Number:	CM14-0089735		
Date Assigned:	07/23/2014	Date of Injury:	11/19/2008
Decision Date:	09/17/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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 Management and is licensed to practice in Tennessee. 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 39-year-old female who has submitted a claim for multilevel degenerative disc disease of cervical spine with mild disc bulging most prominent at C5-C6 and myofascial strain and sprain syndrome with industrial aggravation, associated with an industrial injury date of November 19, 2008. Medical records from 2014 were reviewed. The latest progress report, dated 05/21/2014, showed ongoing neck pain radiating into both trapezius muscles. The pain that radiated between shoulder blades was described as aching and burning pain along with stiffness of the neck and headaches. The pain was worsened with certain cervical postures. The pain was relieved with medications, yoga, acupuncture and cupping treatment. Physical examination revealed a forward flexed cervical posture. Active voluntary range of motion was restricted with complaints of neck pain. The cervical muscles revealed moderate to severe hypertonicity of the trapezius muscles bilaterally. The motor and sensory examination of the upper extremities was normal. MRI of cervical spine, dated 02/06/2014, showed multilevel desiccation of the cervical spine from C3-C4 through C6-C7. There was multilevel disc bulging, which was mild and most prominent at C5-C6 with 2mm broad-based osteophytic disc complex which mildly contours the thecal sac and abutted the anterior spinal cord without compression or without deformation of the spinal cord. Treatment to date has included acupuncture treatment, yoga, physical therapy 6 sessions in 2013, trigger point injections, and medications which include Soma since January 2014. Utilization review from 06/03/2014 denied the request for physical therapy 2x6 because there was no documentation of ongoing HEP program. The request for Soma 350mg #75 for 3 months was denied because the current guidelines did not recommend its use. There was no discussion why Soma would be indicated despite adverse evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83,Chronic Pain Treatment Guidelines Physical Therapy Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient completed 6 sessions of physical therapy since 2013. However, there was no documentation that the patient has transitioned to home exercise program. Furthermore, it was not clear why another session of PT was necessary instead of the required home exercise program. Moreover, the present request failed to specify the body part to be treated. The request is incomplete. The medical necessity was not established. Therefore, the request for physical therapy 2x6 is not medically necessary.

Soma 350mg #75 for 3 months,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisprodol) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma) Page(s): 29, 65.

Decision rationale: As stated on pages 29 & 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisprodol (Soma) is a centrally acting skeletal muscle relaxant. It is not recommended and is not indicated for long-term use. Guidelines state that its use is not recommended for longer than a 2 to 3 week period. Carisprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In addition, abuse has been noted for sedative and relaxant effects. In this case, the patient has been using Soma as early as January 2014, which is beyond the recommended 2 to 3 week period. Furthermore, there is no discussion regarding continued use of Soma. Therefore, the request for Soma 350mg #75 for 3 months is not medically necessary.