

Case Number:	CM15-0188350		
Date Assigned:	09/30/2015	Date of Injury:	10/16/2000
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/24/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old male, who sustained an industrial injury on 10-16-2000. The medical records indicate that the injured worker is undergoing treatment for chronic cervical strain, rule out cervical disc herniation, right upper extremity radicular pain and numbness, and status post left shoulder arthroscopy. According to the progress report dated 8-7-2015, the injured worker presented with complaints of persistent pain in the neck and left shoulder. The neck is worsening and radiating into the left shoulder. On a subjective pain scale, he rates his pain 7 out of 10. The physical examination of the cervical spine reveals decreased range of motion, tenderness over the paraspinals, hypertonicity over the left trapezius muscle, positive Spurling's sign on the left, decreased strength (4 out of 5), and diminished sensation on the left at C5, C6, and C7. Examination of the left shoulder reveals decreased range of motion, tenderness and hypertonicity over the trapezius and parascapular musculature, decreased muscle strength (4 out of 5), and positive Neer's and Hawkin's sign. The current medications are Hydrocodone, Naprosyn, and Soma. There is documentation of ongoing treatment with Soma since at least 4-24-2015. Previous diagnostic studies were not specified. Treatments to date include medication management. Work status is described as not working. The original utilization review (8-27-2015) partially approved a request for physical therapy sessions with massage to the cervical spine and left shoulder #6 (original request was for #12) and Soma #6 (original request was for #90).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy with massage to cervical spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic) - Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Medications for chronic pain.

Decision rationale: The claimant has a remote history of a work injury in October 2000 and is being treated for chronic neck and left shoulder pain. When seen, he was having worsening neck pain. His shoulder was the same and he was having bilateral knee pain. Norco was providing pain relief and improved walking tolerance. Physical examination findings included decreased cervical range of motion with tenderness. There was left upper trapezius and periscapular hypertonicity. Spurling's testing was positive on the left and there was decreased left upper extremity strength. There was decreased shoulder range of motion with positive impingement testing and decreased strength. Physical therapy for massage is being requested for the cervical spine and left shoulder. Soma, Norco, and Naprosyn were refilled. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case the number of treatment sessions is in excess of guideline recommendations and not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a work injury in October 2000 and is being treated for chronic neck and left shoulder pain. When seen, he was having worsening neck pain. His shoulder was the same and he was having bilateral knee pain. Norco was providing pain relief and improved walking tolerance. Physical examination findings included decreased cervical range of motion with tenderness. There was left upper trapezius and periscapular hypertonicity. Spurling's testing was positive on the left and there was decreased left upper extremity strength. There was decreased shoulder range of motion with positive impingement testing and decreased strength. Physical therapy for massage is being requested for the cervical spine and left shoulder. Soma, Norco, and Naprosyn were refilled. 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, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.

