

Case Number:	CM15-0189939		
Date Assigned:	10/02/2015	Date of Injury:	10/23/2014
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on 10-23-14. The injured worker is being treated for cervical sprain, shoulder impingement and chronic pain syndrome. Treatment to date has included acupuncture treatments (which provided some improvement), oral medications including Omeprazole 20mg, and Naproxen and Soma 250mg (appears to be a new prescription); physical therapy and activity modifications. On 7-28-15 and 8-25-15, the injured worker reported some improvement in pain with acupuncture. Work status is noted to be modified duties. Physical exam performed on 7-28-15 and 8-25-15 revealed spasm in cervical paraspinal muscles with tenderness to palpation of the paraspinal muscles and exam of shoulders revealed well-healed portals of the left shoulder with crepitus with range of motion and tenderness to pressure over the bilateral trapezius muscles. A request for authorization was submitted on 8-25-15 for shredded latex pillow and Soma 250mg. On 9-3-15 request for shredded latex pillow and Soma 250mg was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shredded latex pillow quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, under Pillow, Knee & Leg Chapter, under Durable Medical Equipment.

Decision rationale: The current request is for shredded latex pillow quantity: 1. Treatment to date has included acupuncture treatments, chiropractic treatments, oral medications including Omeprazole 20mg, and Naproxen and Soma 250mg, left shoulder surgery, physical therapy and activity modifications. Work status is noted to be modified duties. ODG-TWC guidelines, Neck and Upper Back chapter, under Pillow states: Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. (Helewa, 2007) ODG-TWC guidelines, Knee & Leg Chapter, under Durable Medical Equipment, states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. Per report 08/25/15, the patient presents with neck and shoulder pain. Physical examination revealed spasms and tenderness to palpation of the cervical paraspinal muscles. Examination of shoulders revealed well-healed portals of the left shoulder with crepitus with range of motion and tenderness to pressure over the bilateral trapezius muscles. The treater recommended a shredded latex pillow to reduce cervical spine pain. The ODG guideline state that a neck support pillow is recommended in conjunction with daily exercise. The guidelines state that the cervical pillow alone does not provide clinical benefit. The available reports do not discuss whether the patient does daily exercise. While ODG does discuss the use of a cervical pillow, in conjunction with daily exercise, it also sets forth several criteria regarding durable medical equipment. In this case, the primarily and customarily use of a pillow is not to serve a medical purpose, and it would likely remain useful even in the absence of illness or injury. A pillow does not satisfy ODG criteria for durable medical equipment and therefore cannot be supported. The request IS NOT medically necessary.

Soma 250mg quantity: 30: 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 current request is for Soma 250MG quantity: 30. Treatment to date has included acupuncture treatments, chiropractic treatments, oral medications including

Omeprazole 20mg, and Naproxen and Soma 250mg, left shoulder surgery, physical therapy and activity modifications. Work status is noted to be modified duties. MTUS, Muscle Relaxants Section, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per report 08/25/15, the patient presents with neck and shoulder pain. Physical examination revealed spasms and tenderness to palpation of the cervical paraspinal muscles. Examination of shoulders revealed well-healed portals of the left shoulder with crepitus with range of motion and tenderness to pressure over the bilateral trapezius muscles. The treater recommended a muscle relaxant to reduce her symptoms. This patient presents with acute muscle spasms, and this is an initial request for Soma. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request is for Soma #30, which exceeds what is recommended by MTUS, and does not indicate short-term use. Therefore, the request IS NOT medically necessary.