MAXIMUS Federal Services

Case Number:	CM15-0022608		
Date Assigned:	02/12/2015	Date of Injury:	11/02/2005
Decision Date:	05/01/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/06/2015

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 57-year-old female who sustained an industrial injury on 11/02/2005. Current diagnoses include lumbar facet syndrome, chronic myofascial pain, lumbar disc syndrome, lumbar radiculopathy, cervical chronic sprain, cervical myofascitis, bilateral lateral epicondylitis, left trochanteric bursitis, and bilateral carpal tunnel syndrome. Previous treatments included medication management, epidural injections, facet joint injections, and physical therapy. Diagnostic studies included an MRI of the lumbar spine performed on 08/21/2009 Report dated 12/11/2014 noted that the injured worker presented with complaints that included improvement of symptoms following the facet blocks, but still reports stiffness, increased muscle spasms, and cramping in her low back. The injured worker noted that she has improvement in muscle spasms with use of Soma over other trialed muscle relaxants. Medication regimen includes Motrin, Prilosec, and Soma. Physical examination was positive for abnormal findings. The treatment plan included continuation of Motrin, Prilosec, and Soma, proceeding with the RFTC procedure due to noted improvement with the facet blocks, and request for CMP, CBC, and Vitamin D3 due to long-term use of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg, 45 count with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The injured worker is being treated for chronic low back pain, myofascial pain and trochanteric bursitis. Request is being made for continuation of Motrin, Prilosec and Soma 350 mg 3 times daily for acute muscle spasms. Clinical presentation demonstrates persistent muscular spasms in the cervical paraspinal region with decreased lumbar range of motion secondary to spasms. Into his guidelines indicates that muscle relaxants are generally indicated for short-term use. The request for continued Soma does not represent a short-term use. In addition, there is no documentation of positive treatment response. The request is stated is therefore not medically necessary.