

Case Number:	CM14-0122504		
Date Assigned:	08/06/2014	Date of Injury:	12/30/2013
Decision Date:	12/31/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/04/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in 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:

7/29/14 note reports neck pain that radiates down the left arm. There is a h/o ACDF of C6-7. Pain has worsened over last 7-8 months. Diclofenac helped the pain about 20%. The pain is moderately controlled by two Norco and one Soma per day. The insured is reported to have received 3 weeks of PT. Sensation is reported to be decreased on C5 of the left. Strength is 5/5 bilateral. Gait is non-antalgic, with mild trigger points over C5-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The medical records report physical therapy of 3 weeks performed and notes physical examination normal except for sensory loss and trigger points. MTUS supports PT (massage therapy) for patients with identified deficits with goals for continued therapy. As the medical records do not indicate physical exam findings with demonstrated goals for further therapy, additional PT or massage therapy is not supported as medically necessary.

Soma 350mg #50 x 3 refills: Upheld

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

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

Decision rationale: MTUS supports that Soma Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. The medical records report pain but do not demonstrate local muscle spasm and does not demonstrate failure of other first line therapies for muscle spasm. As such the medical records do not support use of Soma consistent with MTUS in support of therapy.

Norco 10/325mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management of opioid use, when to discontinue op.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-79.

Decision rationale: The medical records report pain that is helped by opioids but does not demonstrate ongoing opioid risk mitigation tools used for long term treatment of opioids. MTUS supports use of opioids for treatment of pain with demonstrated benefit with opioid risk mitigation. As the medical records do not support opioid risk mitigation in place, the medical records do not support use of opioids congruent with MTUS.