

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0135228 | | |
| Date Assigned: | 08/29/2014 | Date of Injury: | 06/02/2014 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 08/18/2014 |
| Priority: | Standard | Application Received: | 08/22/2014 |

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 Occupational Medicine and is licensed to practice in California. 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:

There were 175 pages provided for this review. The request for independent medical review was signed on August 21, 2014. There was a right cervical spine strain with multilevel disc joint disease and stenosis on MRI. There was a right lumbar radiculitis with multilevel disc joint disease with stenosis on the MRI. There was a myofascial pain syndrome of the right shoulder. The request was for EMG NCS of both lower extremities, Soma 350 mg #30 with 1 refill, Norco # 60 with 1 refill and a right trapezius trigger point injection. The cervical spine and lumbar spine were accepted. Per the records provided, the patient is a 41-year-old male injured on June 2, 2014. There were no objective findings of red flag neurologic disorders or findings consistent with radiculopathy or nerve issues. Therefore the electrodiagnostic studies were not certified. There been four weeks of treatment with Soma. There was no documentation of significant improvement. The cervical spine has pain at 6 to 7 out of 10. The patient denies bilateral upper extremity radicular symptoms. There is right lower extremity radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Electrodiagnostic testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. Therefore, this request is not medically necessary.

Soma 350mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of opioid use.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Soma/Carisoprodol

Decision rationale: The MTUS provided insufficient information. The Official Disability Guidelines note in the Pain section: Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. There was a 300% increase in numbers of emergency room episodes related to Carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both Carisoprodol and Meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004). Soma is not supported by evidence-based guides. Long term use of Carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. Therefore, this request is not medically necessary.

Right trapezius trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: The MTUS notes Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met:(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain;(4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-

4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. Classic triggering was not demonstrated. The patient has had them repeatedly in the past without long term, objective, functional benefit. Therefore, the request is not medically necessary.