

Case Number:	CM14-0089937		
Date Assigned:	07/23/2014	Date of Injury:	08/24/2005
Decision Date:	09/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/13/2014

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 Physical Medicine & Rehabilitation 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:

The patient is a 47 year old female who was injured on 08/24/2005. The mechanism of injury is unknown. The patient underwent carpal tunnel release in 2012. Progress report dated 05/14/2014 documented the patient to have complaints of frequent pain and numbness in both of her hands. She reported she gets good pain relief with trigger point injections and her medications. She reported pain in her neck, upper and lower back. She is noted to have depression and insomnia and is taking Prozac and Remeron. Objective findings on exam revealed range of motion of the cervical and lumbar spine were slightly restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal muscles. Her sensation is decreased in the entire left arm, medially in the right arm, and in the lateral aspect of the right calf area. Grip strength is decreased as well in both hands at 4/5. Diagnoses are chronic myofascial pain syndrome, cervical and thoracolumbar spine; mild-to-moderate bilateral carpal tunnel syndrome and mild ulnar nerve entrapment at both elbows; depression and insomnia. The treatment and plan included hydrocodone APAP 10/325 mg; Mirtazapine 15 mg, Fluoxetine 20 mg; Soma 350 mg for muscle spasm, and Xanax 0.25 mg. She has also been recommended for aquatic therapy exercises twice a week for 6 weeks but the indication for it is unclear. Prior utilization review dated 06/13/2014 states the requests for Soma 350mg (1) TID #120; Xanax 0.5mg (1) BID #90; Aquatic Therapy (2) times a week for (6) weeks are denied as there is a lack of evidence documented for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg (1) TID #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle Relaxants Soma package insert.

Decision rationale: Carisoprodol is a medication classified as a skeletal muscle relaxant for which the mechanism of action is not known. There are no studies indicating its efficacy in the management of myofascial pain or in any other conditions producing musculoskeletal pain. This drug is also known to have a significant abuse/addiction/dependence risk, perhaps owing to its metabolism into the banned molecule meprobamate (once marketed as the drug Miltown). Withdrawal with abrupt discontinuation. At best it has an indication for short term usage when there is an exacerbation of the underlying condition. The documentation in this case fails to offer a justification for this medication. The MTUS guidelines consider this agent to be "not recommended" for a wide range of conditions. Based on the MTUS guidelines, the clinical pharmacology, the lack of any trials to indicate efficacy, and the significant risks associated related to its usage, as well as the clinical documentation stated above, the request is not medically necessary.

Xanax 0.5mg (1) BID #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Xana package insert.

Decision rationale: There is no medical justification for the use of benzodiazepine medications in the clinical management of myofascial pain. There are no clinical trials demonstrating efficacy in this population, with significant risk of adverse events. In combination with other centrally acting agents (such as Carisoprodol), there is a risk of profound sedation and respiratory depression. Therefore on the clinical grounds of risk versus benefit, there is no evidence to indicate a benefit, with a significant risk profile. The MTUS guidelines indicate that usage of such medications should be time limited and that they are not indicated for chronic usage. The clinical documentation fails to indicate a clear clinical rationale for the usage of a benzodiazepine to manage the patient's complaints. The request is therefore not medically necessary.

Aquatic Therapy (2) times a week for (6) weeks:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Aquatic Therapy.

Decision rationale: Although aquatic therapy can be useful for the treatment of musculoskeletal injury and dysfunction, and where weight bearing exercise and therapy activities are contraindicated, there is no justification in this case for the recommended course of therapy. The documentation fails to offer a rationale for treatment, any therapeutic goals, and any specific treatment recommendations other than at the discretion of the therapist. The MTUS and ODG guidelines indicate that aquatic therapy can be of use where non-weight bearing activity is indicated, but there is no clinical rationale as to why this type of treatment is justified. Therefore, the request is not medically necessary.