

Case Number:	CM15-0003520		
Date Assigned:	01/14/2015	Date of Injury:	04/01/2007
Decision Date:	05/18/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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 54-year-old male who sustained an industrial injury on 04/01/2007. He complains of low back and lower extremity pain. Diagnoses include lumbar facet arthropathy, lumbar radiculopathy, bilateral sacroiliac joint pain, myofascial pain syndrome and spasm in the lumbosacral spine. He is able to tolerate his pain to an extent with the use of his medications. Documented treatment to date includes medications, facet injections, and bilateral radio-frequency ablation of the medial branch nerves at L3, L4, and L5 in April of 2014. The injured worker received 75-80% decrease of lower back pain and stiffness from the injections, however the pain has returned. A physician progress note dated 12/11/2012 documents he is complaining of significant to severe lower back pain with stiffness. He is having none to minimal lower extremity radicular pain at his time and states he is having some tingling sensation in his feet. He has neck pain radiating to his left shoulder. An increase in activities increases his pain. He has a difficult time getting up from a seated position. He uses a cane for assistance in ambulation. There is limited range of motion of the lumbar spine. The treating provider is requesting bilateral trigger point injections at the lumbar paravertebral and gluteus maximus region, and Soma 350 mg, sixty count. On 12/12/2014 Utilization Review non-certified the request for Soma 350 mg, sixty count and cited California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 12/12/2014 Utilization Review non-certified the request for bilateral trigger point injections at the lumbar paravertebral, gluteus medius, and gluteus maximus region and cited was California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral trigger point injections at the lumbar paravertebral and gluteus maximus region:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-197, Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: This patient presents with lower back pain, neck pain, left shoulder pain, pain in lower extremities. The treater has asked for bilateral trigger point injection at the lumbar paravertebral and gluteus maximus region on 12/11/14 to "decrease his muscle spasms and pain." Review of the reports do not show any evidence of trigger point injections being done in the past. The 12/11/14 report shows "significant tightness, tenderness and trigger points with spasms in the lumbar paravertebral, quadratus lumborum, gluteus medius, gluteus maximus, and piriformis muscles bilaterally. Negative straight leg raise in sitting position bilaterally." Regarding trigger point injections, MTUS recommends only for myofascial pain syndrome and not for radicular pain. MTUS also requires "documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." For fibromyalgia syndrome, trigger point injections have not been proven effective. In this case, patient does present with myofascial pain. The physical examination shows trigger points in the patient's lumbar paravertebral region, buttocks, and piriformis muscles bilaterally, but do not document taut band and referred pain pattern as MTUS guidelines require for trigger point injections. The request is not medically necessary.

Soma 350 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma) Section Page(s): 24, 29, 65 and 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma); Muscle relaxants (for pain) Page(s): 29; 63-66.

Decision rationale: The 12/12/14 Utilization Review letter states the Soma 350mg, #60 requested on the 9/30/14 medical report was denied because MTUS does not recommend it on a chronic basis. Medical records from 1/7/14 through 2/16/15 have been provided for this revised review. The records document use of Soma for long-term use from 1/7/14, and on each interim report through 2/16/15. The 2/16/15 does not discuss any specific functional improvement with Soma. MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisprodol (Soma) states: "Not recommended. This medication is not indicated for long-term use" MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. Therefore the request is not medically necessary.