

Case Number:	CM15-0117184		
Date Assigned:	06/25/2015	Date of Injury:	05/07/2010
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/17/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 female with an industrial injury dated 05/07/2010. The injured worker's diagnoses include lumbosacral neuritis, lumbar/lumbosacral disc degeneration, cervical radiculitis and disc degeneration. Treatment consisted of Magnetic Resonance Imaging (MRI) of the lumbar spine/thoracic spine/bilateral shoulder/cervical spine on 7/5/2011, prescribed medications, and periodic follow up visits. In a progress note dated 04/07/2015, the injured worker reported increased pain in her neck. The injured worker also reported left shoulder and low back pain. Objective findings revealed decreased grip strength, tenderness to palpitation over the right lumbar facets, left lumbar facets and right buttock. There was decreased sensation over the right L5 dermatome, right dorsal foot and lateral ankle noted on examination. The treating physician prescribed services for a transforaminal nerve root block at left S1 with imaging guidance and Soma 350mg quantity 30 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

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

Decision rationale: This claimant was injured in 2010 and has back and neck degenerative disease. As of April 2015, the claimant had increased neck pain, and left shoulder and low back pain. There was decreased grip strength, tenderness to palpitation over the right lumbar facets, left lumbar facets and right buttock. There was decreased sensation over the right L5 dermatome, and the right dorsal foot and lateral ankle noted on examination. No acute muscle spasm is noted. Overt disc herniation corresponding to radicular signs is not noted. The MTUS notes regarding Soma, also known as Carisoprodol: 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. The request was not medically necessary.

Transforaminal nerve root block at left S1 with imaging guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 47.

Decision rationale: This claimant was injured in 2010 and has back and neck degenerative disease. As of April 2015, the claimant had increased neck pain, and left shoulder and low back pain. There was decreased grip strength, tenderness to palpitation over the right lumbar facets, left lumbar facets and right buttock. There was decreased sensation over the right L5 dermatome, and the right dorsal foot and lateral ankle noted on examination. No acute muscle spasm is noted. Overt disc herniation corresponding to radicular signs is not noted. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion - Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing - is not met. Further, past ESI experience in the five years since the injury is unknown. The criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI may not meet this criterion. The request is not medically necessary based on the above.

