

Case Number:	CM15-0068684		
Date Assigned:	04/16/2015	Date of Injury:	01/14/2015
Decision Date:	05/15/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/10/2015

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 was a 28 year old female, who sustained an industrial injury, January 14, 2015. The injured worker previously received the following treatments 6 chiropractic treatments, physical therapy, acupuncture, cervical spine x-rays, occupational therapy, thoracic spine x-rays and Ibuprofen. The injured worker was diagnosed with cervical, thoracic, lumbar strain/sprain, rib strain/sprain and bilateral shoulder strain/sprain. According to progress note of March 5, 2015, the injured workers chief complaint was neck and low back pain. The left side of the rib cage, thoracic spine and left shoulder with guarding and tenderness. The physical exam noted the extreme sensitivity to touch and pressure along the cervical, thoracic, ribs, and bilateral shoulder regions. The injured worker had cervical, left shoulder and lumbar restrictions with range of motion. The treatment plan included prescriptions for Soma and Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 29 of 127.

Decision rationale: This claimant was injured about 5 months ago. There is continued neck and low back pain, and touch sensitivity, but no documentation of objective acute muscle spasm. 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 appropriately non-certified. Therefore, the requested medical treatment is not medically necessary.

Anaprox 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 Page(s): 67 of 127.

Decision rationale: This claimant was injured about 5 months ago. There is continued neck and low back pain, and touch sensitivity, but no documentation of objective acute muscle spasm. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately non-certified. Therefore, the requested medical treatment is not medically necessary.