

Case Number:	CM13-0005966		
Date Assigned:	03/21/2014	Date of Injury:	03/14/2012
Decision Date:	04/24/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/01/2013

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, has a subspecialty in Interventional Spine 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:

This patient is a 51-year-old female with date of injury of 03/14/2012. Per treating physician report 07/03/2013, the patient presents with low back pain with numbness and tingling radiating into the left lower extremity and into the left foot, and the patient is currently receiving physical therapy 2 x 4. The patient is not working. Listed diagnoses are herniated nucleus pulposus of cervical spine, contusion of left elbow, and herniated nucleus pulposus of the lumbar spine. Treatment was to have the patient continue physical therapy twice a week to the lumbar spine, continue medication as needed. Urine drug screen was performed for patient's current medications that include Norco and Soma. The utilization review report from 07/24/2013 was reviewed. The request for physical therapy was denied as "there was no supported documentation for the above physical therapy for a request" and Norco was modified to #50 from #100. Physical therapy reports are provided from 06/19/2013 and 06/28/2013 and this appears to include 6 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK TIMES 4 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with chronic neck and low back pain. MRIs of the cervical spine from 05/09/2013 was negative and MRI of the lumbar spine from 05/09/2013 only showed 2 mm posterior disk bulge at L4-L5 with mild facet arthropathy. The treating physician has asked for physical therapy 2 times a week for 4 weeks. Review of the reports show that physical therapy was previously requested for 12 sessions by [REDACTED] on 05/06/2013 and this was authorized by 06/03/2013 report. There was evidence that the patient did receive some of these physical therapy session requested as physical therapy reports were provided from 06/09/2013 and 06/28/2013. It appears that the patient received 6 sessions or so. There was another request for physical therapy 2 times a week for 4 weeks per report 07/03/2013. On this report, [REDACTED] states that the patient is going through physical therapy and request was for additional therapy at 8 sessions. MTUS Guidelines allow for 9 to 10 sessions for diagnosis of myalgia myositis, radiculitis neuritis type of conditions. In this case, the patient was previously authorized for 12 sessions; some of which were received. The treating physician does not keep track of the authorized sessions, whether or not the patient has completed them; whether or not the patient is improving, benefiting, and with what effectiveness in terms of function. The treater has asked for additional 8 sessions, but given the patient has already been authorized for 12 sessions, additional physical therapy sessions are not supported. MTUS Guidelines allow up to 10 sessions. Recommendation is for denial.

NORCO 10/325MG, 1 EVERY 6 HOURS, QTY: 100.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60-61, 88-89..

Decision rationale: This patient presents with chronic neck and low back pain. MRIs showed normal findings for the C-spine, and only 2-mm bulging disk at L4-L5. The treater has been prescribing Norco for a number of months. None of the reports describes whether the medications are helping. None of the reports document numeric scale with this patient's pain or function. None of the reports describes outcome measures such as current pain, least pain, average pain, time it takes for medications to work and the duration of pain reduction, et cetera. None of the reports discussed the 4 A's including analgesia, activities of daily living, adverse side effects, adverse behavior. MTUS Guidelines for chronic use of opiates require documentation of function and pain compared to baseline, numerical scale is required to denote function and pain once every 6 months, or use of validated instrument is required to document functional difference. In this case, none of this information has been provided. Recommendation is for denial and slow taper of this medication.

SOMA 350MG TID, QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 65.

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

Decision rationale: This patient presents with chronic neck and low back pain. MRI of the C-spine did not show much but MRI of the lumbar showed only 2-mm bulging disk. The treating physician has prescribed Soma to be taken 3 times a day. This was following patient's reaction to Zanaflex. MTUS Guidelines do not support chronic use of Soma and when it is used; only short-term use is allowed. In this case, the treating physician has been prescribing Soma for a number of months. There are no discussions as to how this patient is responding to this medication and whether or not it is used on a short-term basis. Based on the number of prescription and number of pills prescribed, it would appear that this medication is used on a daily for more than several weeks and possibly for a number of months. Recommendation is for denial.