

Case Number:	CM13-0007838		
Date Assigned:	11/08/2013	Date of Injury:	03/01/2006
Decision Date:	05/07/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 56 year-old female who was injured on 3/1/06. She has been diagnosed with 1) Cervical spine sprain/strain with Myofascitis, 2) Bilateral shoulder sprain/strain and Trapezius with myofascitis, 3) Lumbar spine with myofascitis ruling out radiculopathy. According to the 7/17/12 initial orthopedic report from [REDACTED], the patient presents with pain in the neck, low back, and right thigh down to the right leg to the knee and ankle. A review of MRI of the cervical spine on 3/23/12 shows mild-to-moderate stenosis at C4-C5 and C5-C6 secondary to spondylosis. An MRI of the lumbar spine shows mild left scoliosis and spondylotic changes, but no gross neural element compression. According to reports of 8/15/12 to 4/8/14 from the treating physician, [REDACTED] recommends prescription of hydrocodone/APAP 5/500MG #20, prescription of SOMA 350 MG #30 (1 refill), and 12 PT over 4 weeks. On 7/25/13, UR denied the request on speculation that continued use of hydrocodone showed no significant increase of improvement. Soma is not recommended for the patient as her symptoms continue and increase on occasion. PT was also denied as patient showed history of PT treatment and from recent reports showed no improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF HYDROCODONE/APAP 5/500MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM OPIOID USE Page(s): 88-89.

Decision rationale: According to reports from 8/15/12 to 4/8/14, the employee has been diagnosed with chronic pain of cervical spine, bilateral shoulder and trapezius, and lumbar spine areas. An MRI summary shows mild-to-moderate stenosis at C4-C5 and C5-C6 secondary to spondylosis and mild left scoliosis and spondylotic changes, but no gross neural element compression. The request is for Vicodin. In regard to chronic opiate use in pain, MTUS Guidelines require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) is required. Furthermore under outcome measure, the guidelines also recommend documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Review of the reports shows that the employee was started on Vicodin on 3/6/13 with #20 prescription. Subsequent reports show refill of Vicodin without any discussion regarding efficacy. Without documentation of pain and function as related to the use of the opiate, on-going use is not supported by MTUS. Recommendation is for denial.

ONE (1) PRESCRIPTION OF SOMA 350MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA® (CARISOPRODOL).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA®); MUSCLE RELAXANTS (FOR PAIN) Page(s): 29,63-66.

Decision rationale: The request is for Soma 350 which has been prescribed consistently from 8/15/12 to 4/8/14. MTUS Guidelines do not recommend use of SOMA and states, "This medication is not indicated for long-term use." Given that this medication has been prescribed on a long-term basis, recommendation is for denial.

TWELVE (12) PHYSICAL MEDICINE TREATMENT SESSIONS OVER 4 WEEKS:
Upheld

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

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

Decision rationale: This employee presents with chronic neck, shoulder and low back pains. The request is for physical therapy 12 sessions. The request is for 12 physical therapy sessions over 4 weeks. Review of the reports show that the employee has had previous physical therapy

sessions; however, there is no clear indication of how many or over what time frame these sessions took place. The MTUS guidelines indicate that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treating physician has asked for 12 total sessions of therapy for the employee. The request of 12 sessions exceeds what is allowed according to MTUS for the type of condition the employee is suffering from. The treating physician also does not provide therapy history, what is to be accomplished with additional therapy, and how the employee has responded to prior therapy. The MTUS guidelines indicate that the treating physician must provide monitoring and make appropriate recommendations. Recommendation is for denial.