

Case Number:	CM13-0012807		
Date Assigned:	11/08/2013	Date of Injury:	11/06/2004
Decision Date:	05/20/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/19/2013

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 Occupational Therapy, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, low back pain, bilateral lower extremity pain, and shoulder pain reportedly associated with an industrial injury of November 6, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy over the life of the claim; adjuvant medications; muscle relaxants; prior lumbar laminectomy; prior knee arthroscopy; and extensive periods of time off of work. In a Utilization Review Report of July 17, 2013, the claims administrator approved a request for Omeprazole, denied a request for Soma, partially certified a request for Norco, seemingly for weaning purposes, denied a request for physical therapy, and denied a request for a urine drug screen. The claims administrator cited the applicant's lack of improvement with the aforementioned analgesic medications. The applicant's attorney subsequently appealed. In a medical-legal evaluation of February 10, 2010, the applicant is described as off of work and has apparently not worked since the date of injury. The applicant has also applied for Social Security Disability Insurance (SSDI), it was noted, and was alleging derivative anxiety and depression as of that point in time. In a February 19, 2014 progress note, the applicant was described as off of work, on total temporary disability. It was stated that the applicant required medications in order to perform activities of daily living. The applicant was described as also intent on pursuing Synvisc injections for knee arthritis. The applicant was placed off of work, on total temporary disability. It was not clearly stated what activities of daily living were ameliorated with medication usage. In an earlier note of March 3, 2014, the applicant was described as reporting 6/10 pain with medications and 9/10 pain without medications. The applicant is reportedly limited in terms of many activities of daily living, including activities as basic as ambulating, sleeping, and moving. Soma and Hydrocodone were endorsed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 250MG #90: Upheld

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

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when used in conjunction with opioid agents. In this case, the applicant is in fact concurrently using opioid agents. It is further noted that the applicant does not appear to be deriving appropriate functional improvement despite ongoing usage of Soma. The applicant remains off of work, on total temporary disability, and is apparently receiving moneys both through the Workers' Compensation system as well as through the Social Security Disability Insurance (SSDI) system. The applicant's ability to perform activities of daily living is apparently limited as opposed to improve, despite ongoing Soma usage. Therefore, the request is not medically necessary, for all of the stated reasons.

HYDROCODONE/APAP 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: Hydrocodone is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, however, these criteria have not been met. While the applicant reports some marginal analgesia with reduction in pain scores from 9/10 to 6/10 with ongoing Hydrocodone usage, this is outweighed by the applicant's failure to return to work and reported difficulty performing even basic activities of daily living such as ambulating and sleeping. Accordingly, the request is likewise not medically necessary, on Independent Medical Review.

PHYSICAL THERAPY, 8 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 98-99.

Decision rationale: The eight-session course of treatment at this late date, 9 to 10 years removed from the date of injury, is incompatible with the philosophy espoused on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, which emphasize the importance of active therapy, active modalities, self-directed home physical medicine, and tapering or fading of the frequency of treatment over time. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant has failed prior physical therapy treatments over the life of the claim. The applicant remains off of work. The applicant remains highly reliant and highly dependent on various analgesic medications and is, furthermore, now apparently considering injection therapy and/or knee surgery. All of the above, taken together, imply that the earlier physical therapy was unsuccessful. Therefore, the request for additional physical therapy is not medically necessary.

URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, it is incumbent upon an attending provider to state when the last time an applicant was tested, furnish an applicant's complete medication list along with the request for drug testing, and state which drug tests and/or drug panels he is testing for. In this case, the attending provider did not clearly state which drug tests and/or drug panels he was testing for, nor did the attending provider clearly state when the last time the applicant was tested. Finally, the attending provider has not clearly documented the applicant's medication list on each office visit. Accordingly, the request is not medically necessary, for all of the stated reasons.