

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0021862 | | |
| Date Assigned: | 03/12/2014 | Date of Injury: | 04/09/2005 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 08/15/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

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 Medicine, 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:

According to the records made available for review, this is a 56-year-old male with a 4/9/05 date of injury. At the time (7/30/13) of request for authorization for 1 prescription of Soma 350MG #60, Aqua Therapy 3x4 to left knee, left hip, right knee, neck, bilateral shoulders and right wrist, and prescription of Vicodin 5/500MG #120, there is documentation of subjective (worsening hip and knee pain with referred pain to the right ankle and shin) and objective (paravertebral muscles tender to palpation, spasm is noted to be present, restricted range of motion in the bilateral shoulders with positive impingement sign, joint line tenderness in the right wrist with reduced sensation in the median nerve distribution, and positive Tinel's and Phalen's) findings, current diagnoses (cervical radiculopathy, bilateral shoulder impingement syndrome, right carpal tunnel syndrome, status post release, and left greater trochanteric bursitis), and treatment to date (physical therapy to the left knee and medications (including Soma and Vicodin)). Regarding Soma, there is no documentation of acute muscle spasms, the intention to treat over a short course (less than two weeks), and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications. Regarding aquatic therapy, there is no documentation from the treating physician of an indication for which reduced weight bearing is needed (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Regarding Vicodin, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF SOMA 350MG #60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain); and Other Medical Treatment Guideline for Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, bilateral shoulder impingement syndrome, right carpal tunnel syndrome, status post release, and left greater trochanteric bursitis. However, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Soma of unknown duration, there is no documentation of the intention to treat over a short course (less than two weeks). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Soma 350MG #60 is not medically necessary.

AQUA THERAPY 3X4 TO LEFT KNEE, LEFT HIP, RIGHT KNEE, NECK, BILATERAL SHOULDERS AND RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 & 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Aquatic therapy. Page(s): 98 & 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic therapy; and Other Medical Treatment Guideline for Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of

treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). ODG identifies visits for up to 12 visits over 8 weeks in the management of knee sprain/strain. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, bilateral shoulder impingement syndrome, right carpal tunnel syndrome, status post release, and left greater trochanteric bursitis. In addition, there is documentation of objective functional deficits (paravertebral muscles tender to palpation, spasm is noted to be present, restricted range of motion in the bilateral shoulders with positive impingement sign, joint line tenderness in the right wrist with reduced sensation in the median nerve distribution, and positive Tinel's and Phalen's). However, there is no documentation of an indication for which reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Therefore, based on guidelines and a review of the evidence, the request for Aqua Therapy 3x4 to left knee, left hip, right knee, neck, bilateral shoulders and right wrist is not medically necessary.

PRESCRIPTION OF VICODIN 5/500MG #120.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47 & 308, Chronic Pain Treatment Guidelines Page(s): 9, 74, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, bilateral shoulder impingement syndrome, right carpal tunnel syndrome, status post release, and left greater trochanteric bursitis. In addition, there is documentation of ongoing treatment with Vicodin. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications. Therefore, based on guidelines and a review of the evidence, the request for prescription of Vicodin 5/500MG #120 is not medically necessary.