

<b>Case Number:</b>	CM13-0024796		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	07/16/2001
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Anesthesiology and is licensed to practice in Florida. 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.

### 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 64-year-old male who reported an injury on 07/16/2001. The documentation submitted for review indicates that the patient continues to experience chronic and severe hand pain. The patient also has complaints of shoulder pain, low back pain, and anxiety and depression. Notes indicate also the patient is diagnosed with carpal tunnel syndrome, an ulnar lesion, and brachial neuritis. The patient's treatments thus far have consisted primarily of psycho pharmacotherapy due to depression and anxiety. The patient was evaluated on 10/29/2013 with notes indicating that the patient continues to experience an ongoing pain and erectile dysfunction, and that the patient is depressed with weight loss. Notes indicate that the patient presents with a depressed mood and is easily irritable and agitated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Pain management consultation: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** CA MTUS states that if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The documentation submitted for review indicates that this patient has a history of treatment with

medications. There is a lack of documentation submitted for review indicating that the patient has undergone formal physical therapy or other conservative measures prior to the request for a pain management consultation. Given the above, the request for 1 pain management consultation is not medically necessary and appropriate.

**1 prescription of Norco 10/325mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Page(s): 91.

**Decision rationale:** CA MTUS states Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. CA MTUS also states a recommendation for the 4 A's for Ongoing Monitoring. These four domains for monitoring have been summarized as the "4 A's" and include monitoring for include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation submitted for review indicates that the patient has chronic hand pain, shoulder pain, and low back pain, as well as depression and anxiety. While Norco is indicated for moderate to moderately severe pain, there is a lack of documentation submitted for review indicating that the patient has had any significant benefit with the use of Norco. Additionally, there is no indication in the notes that the patient has improvement in ability to undertake activities of daily living with the use of the medication. Given the above, the request for 1 prescription of Norco 10/325 mg is not medically necessary and appropriate.

**1 prescription of Soma 350mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29,65.

**Decision rationale:** CA MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. The documentation submitted for review indicates that the patient continues to experience chronic pain patterns. However, the request for Soma is not supported, given that this muscle relaxant is recommended for acute pain and spasm. Furthermore, the documentation submitted for review fails to indicate that the patient has any muscle spasms on physical

examination. Given the above, the request for 1 prescription of Soma 350 mg is not medically necessary and appropriate.

**Unknown aquatic therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22,98-99.

**Decision rationale:** CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. However, there is a lack of documentation submitted for review indicating that the patient has a condition for which a land-based physical therapy program would be contraindicated. Furthermore, the current request is for an unknown number of aquatic therapy sessions, and recommendation of the guidelines is that the number of supervised visits should follow the physical medicine guidelines. Given the above, the request for unknown aquatic therapy sessions is not medically necessary and appropriate.