

Case Number:	CM13-0032480		
Date Assigned:	12/11/2013	Date of Injury:	06/05/2013
Decision Date:	02/03/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

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 Orthopedic Surgery and is licensed to practice in Illinois, West Virginia and Texas. 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 38 year old male who reported an injury on 08/12/2013. The patient is currently diagnosed with herniated nucleus pulposus of the cervical spine with radiculopathy and herniated nucleus pulposus of the lumbosacral spine. The patient was seen by [REDACTED] on 08/12/2013. The patient reported 3/10 neck pain without radiation and 4-5/10 mid back pain. Physical examination revealed slight tenderness to palpation of the cervical paravertebral musculature, diminished range of motion, positive Spurling's maneuver and cervical compression testing bilaterally, diminished strength, 2+ deep tendon reflexes, slight tenderness to palpation of the thoracic paravertebral musculature with diminished range of motion, moderate tenderness to palpation of the lumbar paravertebral musculature with diminished range of motion, 5/5 motor strength bilaterally, and 1+ deep tendon reflexes bilaterally. Treatment recommendations included continuation of current medications and physical therapy twice per week for 4 weeks of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 (qty 8): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Lower Back; Chronic Pain Medical Treatment Guidelines, Section NSAIDs

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

Decision rationale: California MTUS Guidelines state 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Treatment for radiculitis includes 8 to 10 visits over 4 weeks. As per the clinical notes submitted, the patient has continued symptoms despite previous physical therapy. Documentation of the previous course with treatment duration and efficacy was not provided for review. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.

Anaprox DS x 1 month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. It is unknown whether the patient has continuously utilized this medication. The patient continues to report ongoing neck and low back pain. California MTUS Guidelines recommend NSAIDS for chronic low back pain as an option for short-term treatment. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Lortab 7.5 x 1 month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient continues to complain of neck and lower back pain. Despite the ongoing use, satisfactory response to treatment has not been indicated. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

. Soma 350 mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Soma is not recommended for longer than a 2 to 3 week period. As per the clinical notes submitted, the patient has continuously utilized this medication. The patient does not demonstrate palpable muscle spasm or muscle tension upon physical examination. Despite the ongoing use, the patient continues to report pain to the cervical and lumbar spine. As guidelines do not recommend ongoing use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Topical creams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.