

Case Number:	CM13-0060135		
Date Assigned:	12/30/2013	Date of Injury:	08/24/2007
Decision Date:	05/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 56-year-old female who reported an injury on 08/24/2007. No mechanism of injury was included in the medical records. The clinical note dated 07/25/2013 indicated that the injured worker complained with shoulder pain and low back pain. The injured worker reported that she had stopped taking her Opana routinely and only used it for flare ups in pain. The provider indicated the injured worker continued to use Soma intermittently as she has done since 1986. The injured worker continued to complain of pain to the right sciatic area and hip and was noted to have primarily axial pain without radicular symptoms. The injured worker complained of more pain than numbness or weakness. On occasion, the injured worker noted the pain radiated down the bilateral legs into the feet, right greater than the. The injured worker reports that the symptoms are increasing after stopping her aqua treatments. The injured worker was previously treated with hot baths, ice, self-procedures of massage, TENS unit, chakra yoga, acupuncture, aquatic therapy, and an epidural steroid injection to the C6 and C7 level. The injured worker reported that walking was limited by hip pain. It was indicated the injured worker is able to drive; however, driving distances were limited to $\hat{A}^{3/4}$ of an hour or 4 miles. The injured worker reported that she cannot look over her shoulder to look behind her. The injured worker reported the pain levels vary from 2 to 4 with medications and 8 to 9 without. The injured worker reported she continued with self-stretches at home. Physical examination revealed limited flexion more so than extension to the spinal area. The injured worker had limited lateral flexion and rotation, especially when turning on exam table. There was pain upon palpation in the lumbar spine to the L5 area on and lateral to spinous process, over the S1 area, the trochanter, and gluteal areas. Painful spasms to the right ilio lumborum were noted, and the straight leg raise positive to the right side with some pulling in the leg but more pain/spasm in the back and positive for pelvic obliquity. The injured worker is noted to have painful swelling behind the

right knee. Diagnoses documented for the clinical visit: left lower lumbar radiculopathy based on degenerative disc disease and stenosis and radial tear had improved with NI therapy land and water most recently, and in the past with epidural steroid injection, the lateral giving slightly better and long lasting results. Cervical degenerative disc disease with dystonia and spasms with suggestion of C6 process based on exam. Right shoulder tendinopathy and right upper extremity pain. Mild bursitis of the hip, left side greater than the right and positive for osteoarthritis/x-rays better after therapy, diagnosis of anxiety/depression, degenerative disc disease lumbar spine and rotator cuff impingement. The plan of treatment reviewed with the injured worker was medications that included soma 250 mg 3 times a day times 90 days, tramadol 50 mg 3 times a day, trial of gabapentin 100 mg up to 3 times a day, Celebrex 200 mg once a day, Wellbutrin extended length 300 mg once a day, trigger point injections authorized for low back pain with no disc segmentation deterioration and spasms and the toradol for severe exacerbation only. The treating physician asked the injured worker to consider epidural steroid injection or facet joint injection. The request for authorization for Soma 350 mg 3 times a day #90 times 3, tramadol as needed for pain 50 3 times a day #90 times 3, with gabapentin 100 mg trial for pain 3 times a day #90 was submitted on 07/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines state chiropractic treatments are recommended for chronic pain if caused by musculoskeletal conditions. The guidelines recommend an initial trial of 6 visits over 2 weeks, and with evidence of objective functional improvement a total of up to 18 visits over 6 to 8 weeks. For recurrence and flare ups of low back pain chiropractic care is recommended as an option. The guidelines recommend reevaluation of treatment success. The guidelines recommend 1 to 2 visits every 4 to 6 months if return to work has been achieved. In the clinical note dated 07/25/2013, it was noted the injured worker had almost full flexion with slight popping and extension, lateral rotation and flexion per the documentation that the treating physician provided for review. The provider noted the injured worker had temporary functional improvement from prior sessions. Based on the available information, the request for the medical necessity for additional chiropractic care has not been established. Therefore, the request is non-certified.

Tramadol 50mg, QTY: 360.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain ongoing management and Opioids, dosing page Page(s): 60,78,86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. The guidelines recommend there should be documentation of significant objective improvement in function, objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The guidelines note injured workers cumulative morphine equivalent should not exceed 120 mg per day. Within the documentation provided for review there was a lack of documentation of significant objective functional improvement with the medication as well as a documented objective decrease in pain. Additionally, the request did not indicate the frequency at which the medication was prescribed in order to determine the necessity of the medication. Therefore, the request for Tramadol 50mg, QTY: 360.00 are non-certified.

Soma 350mg QTY: 360.00: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as a second line option for short-term treatment of acute exacerbations of chronic low back pain. The guidelines note the efficacy of muscle relaxants appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The clinical documentation dated 07/25/2013 noted that the injured worker had been utilizing Soma intermittently since 1986; therefore, the request for the use of the Soma exceeds the Guidelines set forth by the California MTUS. The request for Soma 350mg QTY: 360.00 are non-certified.