

Case Number:	CM14-0106963		
Date Assigned:	08/01/2014	Date of Injury:	10/24/2000
Decision Date:	09/22/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/10/2014

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 50-year-old female with a reported injury on 10/24/2000. The mechanism of injury was not provided. The injured worker's diagnoses consisted of status post cervical spine anterior cervical discectomy and fusion, history of fibromyalgia, residual neck pain, protrusion and extrusion at L5-S1 to the right with ongoing mechanical back pain and radiation to the lower extremities, and thoracic spine sprain/strain. The injured worker has had previous treatments of epidural steroid injections and treatment with medications. The efficacy of the epidural steroid injections were reported to have been successful. The injured worker had an examination on 05/13/2014 with complaints of constant and moderately severe headaches rated at 6/10 to 7/10. She reported that her head was sensitive to touch and complained of constant moderate severe neck pain rated at a 6/10 to 7/10 with radiation to the bilateral upper extremities. She also complained of mid back pain and low back pain with radiation to her lower extremities down to her feet. Upon examination, it revealed that her lumbar spine range of motion was improved by approximately 50% with the epidural steroid injection that was performed on 04/08/2014. There was no other physical examination in this clinical note provided for review. The medication list included Celebrex and Soma and Prilosec were being recommended for treatment. The recommended plan of treatment was for her to have aquatic therapy due to the fact of her successful epidural steroid injection. The rationale for the Prilosec and the Soma were not provided. The request for authorization was signed and dated for 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy program; eight sessions (2x4), lumbar: Upheld

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

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

Decision rationale: The request for Aquatic Therapy program; eight sessions (2x4), lumbar is not medically necessary. The California MTUS Guidelines recommend aquatic therapy to minimize the effects of gravity so it is specifically recommended where reduced weight bearing is desirable. Water exercise can improve health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise at higher intensities may be required to present most of these gains. There is a lack of evidence of functional deficits and there is a lack of documentation as to the reason that reduced weight bearing is desirable. There is a lack of clinical evidence to support the medical necessity of the aquatic therapy program. Therefore, the request for Aquatic Therapy program; eight sessions (2x4), lumbar is not medically necessary.

Prilosec (omeprazole) 20mg one p.o q.d #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: The request for Prilosec (Omeprazole) 20mg one by mouth once a day #30 is not medically necessary. The California MTUS Guidelines recommend for the use of a PPI for patients that are at high risk for gastrointestinal events such as being over the age of 65, a history of peptic ulcer, GI bleed, or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, and/or high doses of multiple NSAIDs. There is a lack of evidence that the injured worker is at high risk for gastrointestinal events. She is not over the age of 65, she does not have a history of peptic ulcer, GI bleed, or perforation, and she is not using aspirins, corticosteroids, and/or anticoagulants. There is no evidence that the injured worker is on an NSAID and that it is causing any discomfort or gastrointestinal events. The injured worker does not have any complaints of nausea, vomiting, constipation, or diarrhea. There is a lack of clinical evidence to support the medical necessity of this medication. Therefore, the request for Prilosec (Omeprazole) 20mg one by mouth once a day #30 is not medically necessary.

Soma (carisoprodol) 350mg one p.o. b.i.d. p.r.n for spasm #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol, muscle relaxants Page(s): 26,65.

Decision rationale: The request for Soma (Carisoprodol) 350mg one by mouth twice a day as needed for spasm #60 is not medically necessary. The California MTUS Guidelines do not recommend Soma for longer than a 2 to 3 week period. The California MTUS Guidelines do not recommend this medication for long-term use. It is generally prescribed as a skeletal muscle relaxant. There was no evidence in the examination that the injured worker was having muscle spasms or complaints such as that. There is no evidence that conservative treatments have been tried and have failed. Furthermore, the directions specify for a number of 60 twice a day as needed which would be a longer duration than the recommended amount of 2 to 3 weeks without further evaluation and assessment. There is a lack of clinical information to meet the evidence based guidelines for the request. Therefore, the request for Soma (Carisoprodol) 350mg one by mouth twice a day as needed for spasm #60 is not medically necessary.