

Case Number:	CM14-0011259		
Date Assigned:	02/21/2014	Date of Injury:	01/15/2011
Decision Date:	07/25/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/28/2014

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 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:

The patient is a 55-year-old female who has filed a claim for lumbar degenerative disc disease associated with an industrial injury date of January 15, 2011. Review of progress notes indicates low back pain to the left hip, buttock, and leg with difficulty walking; pain of the lateral aspects of knees; and stiffness, swelling, and pain of the right thumb. Findings include positive straight leg raise test on the left, limited horizontal torsion and lateral bending of the lumbar spine, slight extension lag of bilateral knees with trace effusion, mild gait abnormality, slight weakness of the left foot, and limited motion of the right thumb. Treatment to date has included NSAIDs, opioids, muscle relaxants, surgery to the left thumb in 2008, thumb bracing, physical therapy, and aquatic therapy. Utilization review from January 20, 2014 denied the requests for pool therapy for lower extremities as there was no documentation of objective functional benefits from previous sessions; Tylenol #3 #60 + 1 refill as the current pain level does not necessitate opioid analgesia, and there was no documentation of benefits derived from this medication; Soma 350mg #100 + 1 refill as there was no documentation of benefits derived, and this medication is not recommended for long-term use; and Arthrotec 75mg #100 + 1 refill as there was no documentation of first-line oral NSAID or proton pump inhibitor use.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG QTY. 100 + 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Carisoprodol, Soma;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain), Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s): 29, 65.

Decision rationale: Pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines state that Soma is not recommended for use longer than 2-3 weeks. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Patient has been on this medication since at least April 2013. In this case, there is no documentation of muscle spasms or acute exacerbations of pain that would support the use of Soma. This medication is not recommended for chronic use. Therefore, the request for Soma 350mg #100 + 1 refill was not medically necessary.

ARTHROTEC 75MG QTY. 100 + 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: As stated on pages 67-71 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Arthrotec is a combination of diclofenac and misoprostol indicated for the treatment of osteoarthritis in patients at high risk for developing NSAID-induced gastric or duodenal ulcers and their complications. Patient has been on this medication since at least April 2013. There is no documentation regarding upper GI symptoms or risk factors for NSAID-induced gastric or duodenal ulcers to support the use of a combination medication. Also, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Arthrotec 75mg #100 + 1 refill was not medically necessary.

TYLENOL #3 QTY 60 +1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT, OPIOIDS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since at least April 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Therefore, the request for Tylenol #3 #60 + refill was not medically necessary.

POOL THERAPY FOR LOWER EXTREMITIES 2X8 QTY. 16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY ,.

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

Decision rationale: According to page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. There is documentation that this patient has had previous pool therapy and physical therapy, with excellent success in the past from pool therapy. However, there is no documentation describing the previous pool therapy sessions and objective benefits derived. There is also no documentation regarding the need for decreased weight bearing. Additional information is necessary at this time. Therefore, the request for pool therapy for lower extremities 2x8 Qty: 16 was not medically necessary.