

Case Number:	CM14-0018724		
Date Assigned:	04/18/2014	Date of Injury:	09/10/2013
Decision Date:	07/02/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/13/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 39-year-old male who reported an injury on 09/10/2013. The mechanism of injury was not stated. Current diagnoses include degeneration of lumbar intervertebral disc and degeneration of lumbosacral intervertebral disc. The injured worker was evaluated on 01/23/2014. Current medications include hydrocodone, ondansetron, Percocet, roxicet and Soma. The injured worker reported persistent lower back pain. The injured worker has participated in approximately 8 sessions of physical therapy. Previous conservative treatment also includes rest, medications and an epidural steroid injection. Physical examination revealed limited lumbar range of motion, negative straight leg raise, 2+ deep tendon reflexes, hypoesthesia in the left lower extremity in the L4 dermatome and multiple myofascial trigger points and hypertrophy over the thoracic and lumbar paraspinal muscles. Treatment recommendations at that time included the continuation of current medication and a referral for physical therapy and psychology.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ONDANSETRON 4MG #90 WITH 5 REFILLS: 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) Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Ondansetron, Antiemetic.

Decision rationale: The Official Disability Guidelines state that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron has been FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. The injured worker does not meet criteria for the requested medication. There was also no frequency listed in the current request. As such, the request is not medically necessary.

PRESCRIPTION OF SOMA 350MG #60 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 124.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that muscle relaxants are recommended as non-sedating second-line options for the short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. Therefore, the current request cannot be determined as medically appropriate. There was also no frequency listed in the current request. As such, the request is not medically necessary.

PRESCRIPTION OF PERCOCET 5/325MG #180: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that muscle relaxants are recommended as non-sedating second-line options for the short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. Therefore, the current request cannot be determined as medically appropriate. There was also no frequency listed in the current request. As such, the request is not medically necessary.

6 SESSIONS OF PHYSICAL THERAPY TO INCLUDE EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY (PT).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. The injured worker has previously participated in at least 8 sessions of physical therapy. However, there was no documentation of the previous course of physical therapy with evidence of objective functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. There was also no specific body part listed in the current request. As such, the request is not medically necessary.

6 SESSIONS OF PSYCHOLOGY TREATMENT TO INCLUDE EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The Chronic Pain Medical Treatment Guidelines utilize the ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. Therefore, the current request for 6 sessions of psychology treatment exceeds the guideline recommendations. There was also no evidence of a comprehensive psychological examination. Based on the clinical information received, the request is not medically necessary.