MAXIMUS Federal Services

Case Number:	CM14-0115215		
Date Assigned:	08/04/2014	Date of Injury:	09/14/1998
Decision Date:	09/10/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/21/2014

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 Pain Medicine and is licensed to practice in 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 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 53-year-old female who reported an injury on 09/14/1998, the mechanism of injury was not provided. On 05/08/2014, the injured worker presented with complaints of wrist, neck, and low back pain. On examination of the bilateral wrists, there was nonspecific tenderness to palpation and a positive Phalen's and Tinel's bilaterally. Examination of the cervical spine revealed tenderness to palpation, muscle guarding and spasms bilaterally at the C1 through T1 and tenderness to palpation over the facet joints referring to the neck and trapezius and moderate occipital tenderness with muscle guarding and spasms bilaterally. There was a positive foraminal compression test bilaterally and a positive distraction test to the right. There was decreased cervical range of motion that elicited pain and spasm. Diagnoses were cervical sprain, carpal tunnel syndrome, displacement of lumbar intervertebral disc without myelopathy, and displacement of cervical intervertebral disc without myelopathy. Prior treatments included Toradol and B12 injections and current medications included Soma, Ativan, and Ultram. The provider recommended Soma for muscle spasms, physical therapy to reduce pain and increase strength, range of motion, and functional capabilities, and recommended a Proove narcotic test to identify genetic risk factors of narcotic abuse, tolerance, and dependence, and a urinalysis to monitor compliance with prescribed medications. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Opioids, Criteria for use, page(s) 78 Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the injured worker has been prescribed Norco and the efficacy of the medication has not been provided, nor has the quantity or the frequency of the medication in the request as submitted. As such, the request for Norco 10/325mg is not medically necessary.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The California MTUS Guidelines do not recommend Soma. As Soma is a commonly prescribed centrally acting skeletal muscle relaxant, and the medication is not indicated for long-term use. As the guidelines do not recommend Soma, the medication would not be indicated and as such, the request is not medically necessary.

Physical Therapy 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy, Neck and Upper Back, Low Back.

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

Decision rationale: The California MTUS Guidelines state that 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. Active therapies require an internal effort for the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. There was lack of documentation indicating; the

injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process, and there is no significant barriers to transitioning the injured worker to an independent home exercise program. Additionally, the provider's request does not indicate the site at which the physical therapy visits were intended for in the request as submitted. As such, the request for Physical Therapy 3 times a week for 6 weeks is not medically necessary.

Proove narcotic Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Genetic Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Genetic testing for potential opioid abuse.

Decision rationale: The Official Disability Guidelines do not recommend genetic testing or Proove narcotic tests. Whether there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are consistent with inadequate statistics and large phenotype range. As the guidelines do not recommend genetic testing, approved narcotic tests would not be warranted. As such, the request for a Proove narcotic test is not medically necessary.

Urinalysis to monitor compliance with prescribed medications: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: California MTUS Guidelines recommend a urine drug test as an option to assess for the presence or use of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids for ongoing management and as a screen for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It was unclear when the last urine drug screen was performed. As such, the request for a Urinalysis to monitor compliance with prescribed medications is not medically necessary.