

<b>Case Number:</b>	CM14-0151270		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	08/20/2005
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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, has a subspecialty in Interventional Spine 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 48-year-old male with a date of injury of 08/20/2005. The listed diagnoses per [REDACTED] are: 1. Arthropathy of hips, 2. Chronic pain due to trauma., 3. Lumbar spondylosis.4. Lumbar radiculopathy, 5. Degenerative disk disease, lumbar, 6. Cervical spondylosis without myelopathy, 7. Displacement cervical intervertebral disk without myelopathy, 8. Degeneration of cervical intervertebral disk, 9. Brachial neuritis/radiculitis. According to progress report 08/13/2014, the patient presents with low back pain from left sacroiliitis and arthropathy of the left hip due to a pelvic fracture. Treater states that Skelaxin, Robaxin, and Flexeril were ineffective in decreasing his pain, but Soma 350 mg "mildly decreases his pain." The patient reports that OxyContin has become less effective in decreasing his pain. He has obtained a psychologic clearance for SCS. Examination revealed decreased range of motion of the lumbar spine. There was tenderness to the left SI joint and positive FABER and Gaenslen's test. The treater is requesting refill of Soma 350 mg#90, OxyContin 60 mg #60, Lyrica 100 mg #60, and physical therapy 3 times a week for 6 weeks. Utilization review denied the request on 09/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg QTY: 90: Upheld**

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

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

**Decision rationale:** This patient presents with low back pain from left sacroiliitis and arthropathy of the left hip due to pelvic fracture. The treater is requesting a refill of Soma 350 mg #90 as "Soma has been mildly effective in decreasing his muscle spasms and pain." The MTUS page 63 regarding muscle relaxants states, "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exasperations in patients with chronic LBP." In this case, the medical records indicate the patient has been prescribed Soma since 2008. Muscle relaxants are recommended for short-term use only. Recommendation is for denial.

**Oxycotin 60mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Weaning of Medication Page(s): 80-83, 86 & 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** This patient presents with left hip, low back, neck, and left leg pain. The treater is requesting a refill of OxyContin 60 mg #60. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been taking OxyContin since 2009. The treater states in multiple progress reports that patient receives "moderate pain reduction" with his current medication regimen. Progress report 08/13/2014 states "OxyContin has become less become effective in decreasing his pain." In this case, it appears OxyContin is not working as effectively as it has in the past. Furthermore, the treater does not discuss functional improvement or increase in activities of living with taking OxyContin. Given the lack of sufficient documentation for opiate management, recommendation is for denial.

**Lyrica 100MG QTY: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

**Decision rationale:** This patient presents with left hip, bilateral shoulder, left leg, pelvis, and neck pain. The treater is requesting refill of Lyrica 100 mg #60. The MTUS guidelines has the following regarding Pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) has been

documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Review of the medical file indicates the patient has been taking this medication since at least 03/08/2012. The treater continually states patient receives "moderate pain reduction" with current medication regimen which includes Lyrica. Given the patient's radicular symptoms and efficacy of this medication, recommendation is for approval.

**Physical Therapy sessions QTY: 18: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** This patient presents with low back pain from left sacroiliitis and arthropathy of the left hip. The treater is requesting physical therapy 3 times a week for 6 weeks for the cervical disk herniations and spondylosis. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 sessions over 8 weeks. Utilization review denied the request stating "notes do not give rationale for the medical necessity of physical therapy and the specifics of the physical therapy treatments including goals and measurements of outcomes." In this case, review of the medical file does not indicate the patient has received physical therapy sessions in the recent past. Given the patient's continued pain, a course of 9 to 10 sessions may be warranted. The treater's request for 18 sessions exceeds what is recommended by MTUS. Recommendation is for denial.