

Case Number:	CM14-0158552		
Date Assigned:	10/02/2014	Date of Injury:	08/04/2011
Decision Date:	11/06/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	09/26/2014

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 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:

According to the records made available for review, this is a 52-year-old female with an 8/4/11 date of injury. At the time (9/26/14) of the Decision for outpatient physical therapy (PT) and aquatic therapy to the lumbar spine one (1) times per week over eight (8) weeks, Pharmacy purchase of Vicodin 10/325 number ninety (#90), Soma 350mg number ninety (#90), and Ibuprofen 800mg number ninety (#90), there is documentation of subjective (bilateral lower extremity and low back pain) and objective (decreased range of motion, Kemps testing is positive, tenderness noted over the lower back and bilateral sacroiliac joints, gait was antalgic) findings, current diagnoses (lumbago, internal derangement of knee NOS, and neuralgia/neuritis NOS), and treatment to date (chiropractic treatment and medication including Vicodin, muscle relaxants, and Ibuprofen for at least 9 months). Regarding outpatient physical therapy (PT) and aquatic therapy to the lumbar spine one (1) times per week over eight (8) weeks, there is no documentation that reduced weight bearing is desirable. Regarding Pharmacy purchase of Vicodin 10/325 number ninety (#90), there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Vicodin use to date. Regarding Soma 350mg number ninety (#90), there is no documentation of acute muscle spasms; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Soma use to date; and the intention to treat over a short course (less than two weeks). Regarding Ibuprofen 800mg number ninety (#90), there is no documentation of functional benefit or improvement as a

reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Ibuprofen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy (PT) and aquatic therapy to the lumbar spine one (1) times per week over eight (8) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine; Aquatic therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back; Aquatic therapy, physical therapy

Decision rationale: Regarding aquatic therapy, MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Regarding physical therapy, MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of radiculitis not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbago, internal derangement of knee NOS, and neuralgia/neuritis NOS. In addition, there is documentation that massage therapy is being used as an adjunct to other recommended treatment. However, there is no documentation that reduced weight bearing is desirable. In addition, the requested outpatient physical therapy (PT) and aquatic therapy to the lumbar spine one (1) times per week over eight (8) weeks exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for outpatient physical therapy (PT) and aquatic therapy to the lumbar spine one (1) times per week over eight (8) weeks is not medically necessary.

Pharmacy purchase of Vicodin 10/325 number ninety (#90): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of diagnoses of lumbago, internal derangement of knee NOS, and neuralgia/neuritis NOS. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Vicodin for at least 9 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Vicodin use to date. Therefore, based on guidelines and a review of the evidence, the request for Pharmacy purchase of Vicodin 10/325 number ninety (#90) is not medically necessary.

Soma 350mg number ninety (#90): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbago, internal derangement of knee NOS, and neuralgia/neuritis NOS. However, there is no documentation of acute muscle spasms. In addition, given documentation of treatment with Soma for at least 9 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Soma use to date; and the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg number ninety (#90) is not medically necessary.

Ibuprofen 800mg number ninety (#90): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbago, internal derangement of knee NOS, and neuralgia/neuritis NOS. In addition, there is documentation of chronic pain. However, given documentation of treatment with Ibuprofen for at least 9 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Ibuprofen use to date. Therefore, based on guidelines and a review of the evidence, the request for Ibuprofen 800mg number ninety (#90) is not medically necessary.