

Case Number:	CM14-0174227		
Date Assigned:	10/24/2014	Date of Injury:	09/07/2002
Decision Date:	12/03/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/20/2014

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 is licensed to practice in Texas and Oklahoma. 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 60-year-old female who reported an injury on 09/07/2002. The mechanism of injury was due to a fall. The injured worker's diagnoses consist of bilateral knee strain, status post right knee surgery, status post left total knee replacement, cervical strain, lumbar strain, cervicogenic muscle contraction headaches, bilateral ankle and feet pain, right wrist strain, and secondary depression due to chronic pain. The injured worker's past treatment was noted to include medication, therapy, surgical intervention, and previous massage therapy. The injured worker's diagnostic studies were noted to include a urine drug screen on 05/20/2014, with consistent results of the prescribed medications. The injured worker's surgical history consists of a left total knee replacement on 04/26/2011. Per clinical note dated 08/25/2014, the patient stated that she was managing her pain very well with the current pain regimen. The physician re-requested massage therapy. The patient's urine toxicology was normal with the exception of no Ambien, but she only takes that on an as needed basis. The injured worker complained of pain with radiation to the shoulders, bilateral knee pain, low back pain, bilateral shoulder pain, right wrist and thumb/hand pain, bilateral ankle pain, headaches 4 to 5 times a day, and depression anxiety due to chronic pain. The injured worker was noted to have difficulty with sleeping, walking, sitting, standing, kneeling, and climbing due to knee pain. Physical examination revealed usual gait was minimally slow with a very minimal limp due to left knee pain. Physical examination of the lumbar spine revealed slight but moderate paralumbar muscle tenderness and spasm in the lower region. A straight leg raise test was positive bilaterally at 80 degrees in sitting position, producing posterior upper thigh and leg pain. Examination of the cervical spine revealed paracervical muscles showed slight spasm in the lower region. Motor examination revealed slight tenderness of the acromioclavicular joint bilaterally worse on the right. Impingement sign was negative on both sides. The injured worker's prescribed

medications were noted to include Oxycontin, Norco, Ambien, and Zoloft. The treatment plan consisted of massage therapy, Oxycontin, Norco, Soma, and Ambien. The rationale for massage therapy was to further improve pain, range of motion, and endurance. It was noted that the past massage therapy had been helpful, so this would be appropriate in conjunction with home exercise program. The rationale for Oxycontin was for intense pain control. The rationale for Norco was for pain relief. Soma was recommended for muscle spasm control. Ambien was recommended for sleep difficulty due to chronic pain and depression. A Request for Authorization form was submitted for review on 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy times 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The request for massage therapy times 6 sessions is not medically necessary. The California MTUS may recommend massage therapy as an option. This treatment should be an adjunct to other recommended treatment, and it should be limited to 4 to 6 visits in most cases. Massage is a passive intervention, and treatment dependence should be avoided. This lack of long term benefit could be due to the short term treatment. Treatments such as these do not address the underlying cause of pain. In regard to the patient, it was noted that he had prior massage therapy. The efficacy of the massage therapy was not provided for review. Therefore, the request for additional massage therapy is not medically necessary.

Oxycontin 80mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

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

Decision rationale: The request for Oxycontin 80mg #90 is not medically necessary. For ongoing opioid management the objective documentation of pain relief, side effects, functional improvement, and potentially aberrant drug behaviors must be evident. Also, these 4 domains must be indicated by quantitative measurable data, in order to corroborate efficacy. Based on the clinical notes, the injured worker lacked evidence of functional improvement and measurable data of decreased pain relief to warrant the continued use of Oxycontin. The clinical notes did not report the injured worker's pain rating pre and post medication administration as indicated by the guidelines. Due to lack of quantitative documentation, indicating pain relief and functional improvement, the request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

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

Decision rationale: The request for Norco 10/325mg #120 is not medically necessary. For ongoing opioid management the objective documentation of pain relief, side effects, functional improvement, and potentially aberrant drug behaviors must be evident. Also, these 4 domains must be indicated by quantitative measurable data, in order to corroborate efficacy. Based on the clinical notes, the injured worker lacked evidence of functional improvement and measurable data of decreased pain relief to warrant the continued use of Norco. The clinical notes did not report the injured worker's pain rating pre and post medication administration as indicated by the guidelines. Due to lack of quantitative documentation indicating pain relief and functional improvement, the request is not medically necessary.

Soma 350mg #120: 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 Muscle relaxants (for pain) Page(s): 65.

Decision rationale: The request for Soma 350mg #120 is not medically necessary. The California MTUS states neither formulation of carisoprodol or Soma is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule by a controlled substance. In regard to the injured worker, within the documentation it was mentioned that the injured worker had muscle spasm occurring to support the need for Soma. However, the long term use of muscle relaxants is not supported within the guidelines. As such, the request for Soma 350mg #120 is not medically necessary.

Ambien #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, 5th Edition, Pain (chronic), Zolpidem.

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

Decision rationale: The request for Ambien #30 is not medically necessary. The Official Disability Guidelines state zolpidem is a prescription short acting nonbenzodiazepine hypnotic,

which is approved for the short term, usually 2 to 6 weeks for the treatment of insomnia. The guidelines do not recommend zolpidem for long term use. Additionally, there is no documentation provided discussing the injured worker's sleep pattern. Therefore, due to the lack of documentation in regard to the prior usage of zolpidem, the request for zolpidem is not medically necessary.