

Case Number:	CM14-0037727		
Date Assigned:	06/25/2014	Date of Injury:	02/02/2001
Decision Date:	07/28/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 male who sustained an injury on 02/02/01. The injured worker was involved in a motor vehicle accident, which resulted in complaints of pain in the neck, mid back, and low back regions as well as the right shoulder. The claimant was also being followed for bilateral carpal tunnel syndrome, headaches, and dyspepsia. The injured worker has been followed for ongoing chronic complaints of neck and low back pain. Medications have included the use of Norco, Soma, naproxen and Protonix. The injured worker is noted to have had continuing functional difficulties to include tolerating standing or climbing a footstool. The clinical report on 02/27/14 noted continuing palpable muscle spasms in the neck and low back regions with limited range of motion of the lumbar spine. Straight leg raise elicited low back pain only. There was also noted loss of range of motion in the cervical spine. The claimant was recommended to continue with Norco, Soma, naproxen and Protonix. The injured worker was reported to have had an increase in activities of daily living with these medications. The injured worker was also recommended for a home spa and [REDACTED] adjustable bed. The requested spa for home hydrotherapy and [REDACTED] adjustable bed, Norco 7.5/325mg, Soma 350mg, and Protonix 20mg were all denied by utilization review on 03/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spa for home hydrotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter: Durable medical equipment (DME); <http://www.ncbi.nlm.nih.gov/pubmed/15062718> Effective physical treatment for chronic low back pain. Abstract.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, physical treatments that are typically passive in nature are not recommended over active modalities to address chronic musculoskeletal complaints. In this case, there is limited evidence in the clinical literature establishing that hydrotherapy such as the use of a spa results in any long term functional improvement as compared to other modalities including active exercise. It is unclear from the records provided whether the injured worker benefitted substantially in the past with aquatic type therapy. No specific functional gains were discussed in the most recent reports with no documentation of any expected functional gains with the use of a home spa in the most recent clinical reports. Therefore, the request for spa home hydrotherapy is not medically necessary and appropriate.

██████████ **adjustable bed:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Low Back Disorders Chapter 12 (updated 2007) - MATTRESSES, WATER BEDS, AND SLEEPING SURFACES (NONE WITH SCIATICA); ODG regarding Mattress selection, low back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Mattress selection.

Decision rationale: According to the Official Disability Guidelines (ODG), mattress selection is entirely subjective in nature. There was limited evidence establishing that any 1 particular type of mattress results in substantial functional improvement in terms of chronic musculoskeletal conditions. As such, the request for ██████████ adjustable bed is not medically necessary and appropriate.

Norco 7.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: Norco is a short acting narcotic which can be considered an option for moderate to severe musculoskeletal complaints. However, MTUS guidelines do recommend

that there be ongoing assessments to establish functional benefits to include pain reduction and functional improvement to support its ongoing use. Based on the medical records provided for review, the injured worker is reported to have had some benefit in regards to activities of daily living with the use of this medication. However, the clinical documentation did not provide any specific functional benefits or pain reduction with the ongoing use of Norco that would have supported its continued prescription. The clinical documentation also did not contain any recent compliance measures such as toxicology results. The request is also not specific in regards to quantity, duration, or frequency. As such, the request for Norco 7.5/325mg is not medically necessary and appropriate.

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma (R)); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, the chronic use of muscle relaxers is not recommended by current evidence based MTUS Guidelines. At most, muscle relaxers are recommended for short-term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Furthermore, the request was non-specific regarding quantity, duration, or frequency. Therefore, the request for Soma 350 mg is not medically necessary and appropriate.

Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Although the clinical report did indicate the presence of dyspepsia for this injured worker, it is unclear whether there were any active side effects from current medication use. Furthermore, the request was also non-specific in regards to quantity, frequency, or duration. Therefore, the request for Protonix 20 mg is not medically necessary and appropriate.