

Case Number:	CM14-0055267		
Date Assigned:	07/07/2014	Date of Injury:	10/21/2005
Decision Date:	09/05/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational Medicine, has a subspecialty in Preventive Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 21, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxant; unspecified amounts of physical therapy; opioid therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated March 26, 2014, the claims administrator denied a request for Soma, approved a urine drug screen, and denied a request for 16 sessions of physical therapy. The applicant's attorney subsequently appealed. On October 4, 2013, the applicant was described as unchanged. The applicant was using Naprosyn, Fexmid, Norco, Colace, and Fioricet. Persistent complaints of low back pain radiating to the legs were noted. The applicant was given multiple medication refills and placed off of work, on total temporary disability. In a July 11, 2014 prescription order form, the applicant was given prescriptions for Flexeril, Norco, Colace, and butalbital. The applicant's work status was not furnished on that occasion. On July 25, 2014, the applicant presented with 7/10 neck and low back pain radiating to the arms and legs. The applicant was on Naprosyn, Soma, Norco, Colace, and Fioricet. Many of the same medications were refilled, along with topical Terocin patches. Additional physical therapy was sought. The applicant was described as "unable to return to work." The applicant was asked to continue with an independent home exercise program, it was stated in one section of the report, while additional physical therapy was nevertheless apparently ordered via a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Soma 350 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Carisoprodol topic. MTUS Page(s): 7, 29.

Decision rationale: As noted on page 29 in the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using opioid agents, including Norco. It is further noted that the applicant is, furthermore, also using another muscle relaxant medication, cyclobenzaprine. As further noted on page 7 in the MTUS Chronic Pain Medical Treatment Guidelines, attending provider should tailor medications to the specific applicant taking into consideration other medications. In this case, the prescribing provider did not seemingly factor into account the fact that the applicant was concurrently using both opioids such as Norco and other muscle relaxants such as Flexeril in his decision to endorse the prescription for Soma. Therefore, the request is not medically necessary and appropriate.

Prospective request for 16 physical therapy visits: Upheld

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

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

Decision rationale: The 16 sessions of the treatment, in and of itself, represents treatment in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, for myalgias and/or myositis of various body parts, the issue present here. There is no rationale for treatment this far in excess of MTUS parameters was proffered by the attending provider. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines endorse active therapy, active modalities, and self-directed home physical medicine and that this request for 16 sessions of physical therapy over eight years removed from the date of injury runs counter to MTUS principles. It is further noted that the applicant's treating provider has himself acknowledged that the applicant is able to independently perform home exercises. For all these stated reasons, then, the lengthy formal course of physical therapy proposed does not appear to be indicated. The request is not medically necessary and appropriate.