

Case Number:	CM14-0058545		
Date Assigned:	07/09/2014	Date of Injury:	06/18/2010
Decision Date:	10/03/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/29/2014

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 Pain Management 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:

The underlying date of injury in this case is 6/18/2010. The utilization review under appeal is dated 4/14/2014. The patients treating diagnoses include bilateral carpal tunnel syndrome, neck pain, and back pain. A prior utilization review references a treating physician note of 4/7/2014 which is not in the available records. On 4/4/2014, the treating orthopedic physician saw the patient in followup and noted the patient was receiving physical therapy for her neck and low back, with improvement noted. The patient was being treated for a continuous trauma injury, as well as cervical strain with multilevel degenerative disc disease, right wrist sprain, bilateral carpal tunnel syndrome, thoracic and lumbar sprain, L5 radiculopathy, and chondromalacia of the right knee and possibl sleep disorder. The treating physician requested additional physical therapy. Also, the treating physician prescribed Lidoderm patches, Norco, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 time a week for 4 weeks to the Cervical Spine and Lumbar Spine:

Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, pages 98-99 recommends allow for fading of treatment frequency plus active self-directed home exercise. The medical records in this case do not provide a rationale or indication for additional supervised rather than independent home rehabilitation. It is not apparent why the patient would require this additional supervised therapy as opposed to having been transitioned to independent home rehabilitation by this time. This request is not medically necessary.

Norco 10/325mg #90: 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, Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management, page 78 documents the four A's of opioid management, including documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records contain very limited such documentation of the benefits and rationale of ongoing chronic opioid use. Norco is not supported by the treatment guidelines. This request is not medically necessary.

Soma 350mg #90: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Soma/Carisoprodol states that this medication is not indicated for long-term use. The guidelines express particular concern about the use of Soma along with the opioid Norco, which is also used in this case. Overall, the medical records and guidelines do not support an indication for Soma. This request is not medically necessary.

Lidoderm patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Topical Analgesics discussed topical lidoderm on page 112. This medication is indicated either for nonneuropathic pain, or for localized peripheral neuropathic pain. The medical records in this case document regionalized pain and do not document localized peripheral neuropathic pain consistent with the treatment guidelines. This request is not medically necessary.