

Case Number:	CM14-0086125		
Date Assigned:	07/23/2014	Date of Injury:	09/28/2010
Decision Date:	09/22/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 Pain 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 injured worker is a 55-year-old male who reported a fall on 09/28/2010. On 05/06/2014 his complaints included low back pain and right shoulder pain. His shoulder pain remained unchanged; however, he was experiencing increasing back pain which was non-radiating and isolated to the lumbar spine, aggravated by long periods of standing or sitting. His limited ranges of motion of the right shoulder measured in degrees, were adduction 40/90, extension 40/90 with pain at each of those limits. Mild tenderness and spasm at the lower lumbar spine was palpated. His lumbar ranges of motion measured in degrees were extension 10/25. Left and right lateral flexing were both 10/25. His diagnoses included right shoulder pain, right shoulder glenohumeral osteoarthritis, right rotator cuff tear, and lumbago. He had returned to work with modified duties. His medications included Norco and Soma, no dosages noted. The rationale for the requested physical therapy was to improve his range of motion and alleviate his pain. There was no rationale for the request for Soma. The request for authorization dated 05/14/2014 for the physical therapy was included in this worker's chart. There was no request for authorization in his chart for the Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy #3 x 4: Upheld

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

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

Decision rationale: The request for physical therapy #3 is non-certified. California MTUS guidelines recommend passive therapy for short-term relief during the early phases of treatment to reduce inflammation and swelling. Active therapy is indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. The recommended schedule for myalgia and myositis is 9 to 10 visits over 8 weeks. It was noted that this worker had previously had physical therapy treatments on May 28th and May 30th, it is unknown how many sessions of physical therapy he had in total. There was no documentation of functional improvement or decreased pain with the previous physical therapy. Additionally, the request has a #3 on it, and the request for authorization actually stated 3 sessions times 4 weeks which would have been 12 sessions, which exceeds the recommended guidelines of 9 to 10 visits over 8 weeks. Therefore, this request for physical therapy #3 is non-certified.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The request for Soma 350 mg #120 is non-certified. California MTUS guidelines recommend that muscle relaxants be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medication. Muscle relaxants are supported only for short-term use. Chronic use would not be supported by the guidelines. Soma is not recommended for longer than a 2 to 3 week period. It's main effective due to generalized sedation as well as treatment of anxiety. Withdrawal symptoms may occur with abrupt discontinuation. The submitted documentation does not identify any significant, functional, or vocational benefits with the use of Soma. Based on the documentation, it is unclear how long this worker has been taking Soma. Additionally, the request did not specify frequency of administration. Therefore, the request for Soma 350mg #120 is non-certified.