

<b>Case Number:</b>	CM14-0188213		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	03/09/2010
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 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 represented employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 9, 2010. In a Utilization Review Report dated November 10, 2014, the claims administrator denied a request for physical therapy and Soma outright while partially approving Vicodin, apparently for weaning or tapering purposes. Soma, interestingly, was denied outright. The claims administrator stated that its decision was based on an office visit and RFA form of October 31, 2014. On May 2, 2014, the injured worker reported ongoing complaints of bilateral shoulder pain, right greater than left. The injured worker was using Mobic and tramadol for pain relief. The injured worker is status post lumbar epidural steroid injection therapy and had had 14 sessions of acupuncture, it was acknowledged. Multifocal complaints of low back, neck, elbow, and knee pain with associated headaches were reported. The injured worker was given permanent work restrictions, which were effectively resulting in the injured worker's removal from the workplace, the attending provider suggested. Mobic and Soma were renewed. On October 31, 2014, the injured worker reported ongoing complaints of low back pain, reportedly severe. The injured worker was using a cane. The injured worker had 24 sessions of physical therapy from 2012 to present as well as have had 14 sessions of acupuncture in 2012. It was then stated that the injured worker has had physical therapy in 2013. The injured worker was using Mobic, Norco, and Soma. In one section of the note, it was stated that the injured worker's pain complaints were as high as 9 to 10/10, exacerbated by turning in bed, bending, standing, and lifting articles weighing greater than 10 pounds. A permanent 25-pound lifting limitation was endorsed, which the attending provider suggested was effectively resulting in the injured worker's removal from the workplace. Vicodin, Soma, Mobic, and physical therapy were sought.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of Physical Therapy:** 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 Topic; Functional Restoration Approach to Chronic Pain Management section; MTU.

**Decision rationale:** On page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8 to 10 sessions of treatment for radiculitis. However, on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines state there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the injured worker was/is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. It does not appear that the injured worker is working with said limitations in place. All of the foregoing in this case suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior physical therapy (at least 24 sessions, per the requesting provider) over the course of the claim. Therefore, the request for an additional eight sessions of physical therapy is not medically necessary.

**Vicodin 5/300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the injured worker is seemingly off of work. The injured worker was described on October 30, 2014 as having complaints of severe low back pain, 9/10. The injured worker was having difficulty performing activities of daily living as basic as lifting articles weighing greater than 10 pounds, sitting and/or driving for more than 20 minutes continuously, and/or turning in bed. All of the foregoing in this case suggests that ongoing usage of Vicodin has not been successful. Therefore, the request is not medically necessary.

**Soma 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Carisoprodol Topic Page(s): 29;65.

**Decision rationale:** As noted on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is not recommended for longer than a two- to three-week period. Here, however, the injured worker was described as using Carisoprodol (Soma) on office visit of October 31, 2014, August 8, 2014, and June 13, 2014. This represents treatment exceeds the two to three weeks for which Carisoprodol is recommended, per page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. On page 29 of the MTUS Chronic Pain Medical Treatment Guidelines further cautions against usage of Soma in conjunction with opioid agents. The injured worker is concurrently using Norco, an opioid agent. Therefore, based on pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines, this request is not medically necessary.