MAXIMUS Federal Services

Case Number:	CM14-0195603		
Date Assigned:	12/03/2014	Date of Injury:	01/31/2001
Decision Date:	01/20/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62 year old female with an injury date of 01/31/01.As per progress report dated 10/03/14, the patient complains of persistent, stabbing and achy low back pain, rated at 8/10, radiating to the right lower extremity to cause numbness and tingling. The pain is worsened with repetitive activity. Physical examination reveals stiffness in the lumbar spine along with spasms in the paraspinal musculature. Antalgic gait is noted on the right along with a positive straight leg raise. The patient is also experiencing reduced sensation to light touch in the L5 and S1 dermatome. She has received several lumbar epidural blocks with the last one being on 02/14/14, as per the same progress report. Medications have included Celebrex, Prozac, Xanax, Cymbalta, Gabapentin, Norco and topical cream. Diagnoses, 10/03/14:- Low back pain- Lumbar radiculopathy- Lumbar facetal pain. The treating physician is requesting for (a) CARISOPRODOL 350 mg QTY 30.00 (b) PHYSICAL THERAPY SESSIONS TO THE LUMBAR QTY 6.00 (c) NORCO 10/325 mg QTY 90.00. The utilization review determination being challenged is dated 11/10/14. The rationale follows: (a) CARISOPRODOL 350 mg QTY 30.00 - "...muscle relaxants such as Carisoprodol should not be used on a sustained basis." (b) PHYSICAL THERAPY SESSIONS TO THE LUMBAR QTY 6.00 - "There are no specific goals for PT provided which explain why additional physical therapy is requested." (c) NORCO 10/325 mg QTY 90.00 - "...opioids should be discontinued if there is no relief of pain or functional improvement attributable to their use." Treatment reports were provided from 02/14/14 - 10/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medication Guidelines, Muscle Relaxants, Carisoprodol (Soma, Soprodal 350, Vanado.

Decision rationale: The patient complains of persistent, stabbing and achy low back pain, rated at 8/10, radiating to the right lower extremity to cause numbness and tingling, as per progress report dated 10/03/14. The request is for CARISOPRODOL 350 mg QTY 30.00. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Only one progress report, dated 10/03/14, has been provided for review. The treating physician states that "Current medications are helping for pain." However, this benefit cannot be attributed to Carisoprodol alone as the patient is taking other medications for pain as well. While the available progress report contains a prescription for Carisoprodol, it does not does not reflect an improvement in function. Additionally, the treating physician does not document when the medication was prescribed for the first time.. MTUS guidelines do not recommend the use of muscle relaxants such as Carisoprodol for more than 2 to 3 week period. There is lack of information pertinent to the request to recommend authorization based on MTUS guidelines. This request IS NOT medically necessary.

Physical therapy sessions to the lumbar QTY: 6.00: Overturned

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

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

Decision rationale: The patient complains of persistent, stabbing and achy low back pain, rated at 8/10, radiating to the right lower extremity to cause numbness and tingling, as per progress report dated 10/03/14. The request is for PHYSICAL THERAPY SESSIONS TO THE LUMBAR QTY 6.00. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed."Only one progress report, dated 10/03/14, has been provided for review. While the report does not discuss prior physical therapy, the Utilization Review Denial Letter states that the patient "initially received conservative treatment including physical therapy..." There is no evidence that the UR letter contention is not accurate. Neither the UR letter nor the progress reports discuss the purpose of additional therapy. There is no information about the number of sessions the patient received or the date of service. However, the patient is suffering from severe pain. Given the date of injury, it is possible that the previous physical therapy was several years ago. Additionally, the treating physician's request for six

sessions falls within the range recommended by MTUS. Hence, this request IS medically necessary.

Norco 10/325mg QTY: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88 and 89, 78.

Decision rationale: The patient complains of persistent, stabbing and achy low back pain, rated at 8/10, radiating to the right lower extremity to cause numbness and tingling, as per progress report dated 10/03/14. The request is for NORCO 10/325 mg QTY 90.00. MTUS Guidelines, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.Only one progress report, dated 10/03/14, has been provided for review. While it contains a prescription for Norco and includes it in the list of current medications, the report does not reflect when the medication was prescribed for the first time. The treating physician states that "Current medications are helping for pain." However, this benefit cannot be attributed to Norco alone as the patient is taking other medications for pain as well. Additionally, the treating physician does not document specific reduction in pain and improvement in function. There is no discussion about the 4 As, including analgesia, ADLs, adverse side effects, and adverse behavior, as required by MTUS. This request IS NOT medically necessary.