

Case Number:	CM15-0138613		
Date Assigned:	07/28/2015	Date of Injury:	05/19/2014
Decision Date:	09/16/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old female sustained an industrial injury to the neck, low back and left shoulder on 5/19/14. Electromyography/nerve conduction velocity test bilateral upper extremities (6/1/15) showed mild right and slight left carpal tunnel syndrome and cubital tunnel syndrome. Electromyography/nerve conduction velocity test bilateral lower extremities (6/2/15) showed slight L5-S1 radiculopathy. Previous treatment included physical therapy and medications. Magnetic resonance imaging lumbar spine (7/8/14) showed disc protrusion with facet arthropathy. Magnetic resonance imaging cervical spine (7/8/14) showed disc protrusion with osteophyte complex. In a neurologic consultation follow-up dated 6/2/15, the injured worker reported having difficulty with walking and keeping good balance due to back pain. The injured worker was requesting a walking cane. The injured worker stated that her low back pain radiated to the left buttock and lower extremity associated with numbness and tingling. The injured worker also complained of neck pain with radiation to the left shoulder and upper arm associated with numbness and tingling, headaches, frustration and depression. The injured worker stated that activities of daily living were very difficult because of pain. Current diagnoses included left cervical radiculopathy, left shoulder sprain/strain with impingement, left lumbar radiculopathy, left thoracic spine strain, secondary depression and gastroesophageal reflux disease. The physician noted that previous physical therapy did not help much. The treatment plan included requesting authorization for a pain management consultation, six visits of aqua therapy, magnetic resonance imaging left shoulder and continuing medications (Naproxen Sodium, Norco and Omeprazole).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 visits of aqua therapy (2x3 weeks) lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, aquatic therapy.

Decision rationale: Utilization review denied the request for aquatic therapy (6 visits) based on lack of specific rationale/inability to benefit from land-based therapy and the fact that prior PT failed. The ODG recommends aquatic therapy in chronic back pain and given this patient's complicated history and the chronicity of her pain, 6 sessions of aquatic therapy seems reasonable as a treatment modality at this time. Recent evidence supports water based exercises producing better improvements in disability and quality of life in patients with chronic low back pain than land-based exercises (although both had improvements in outcomes measures). Per the MTUS guidelines, time to produce effect is estimated to be 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request for a total of 6 visits to aquatic therapy with a plan to assess for added clinical benefit and functional improvement prior to request for further sessions is considered medically necessary.

MRI left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: According to the ACOEM guideline cited, for patients with a shoulder problem, special studies are not indicated, unless there are red flags, or a four- to six-week period of conservative management fails to improve symptoms. The provided documents indicate that prior MRI was performed in this case, but the recent records lack of evidence of clinical changes or concern for development of new objective findings that clearly warrant repeat MRI without further conservative workup. Therefore, while future imaging may be indicated, the request for MRI of the shoulder is not medically necessary at this time.

Retro (DOS: 6.2.15) Naproxen sodium 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-70.

Decision rationale: The MTUS recommend NSAIDs as a treatment option for short-term symptomatic relief. Besides the well-documented side effects of NSAIDs (to include gastrointestinal complications, cardiovascular risks, etc.), there are other less well known effects of NSAIDs that must be considered, including possible delayed healing in the soft tissues, including muscles, ligaments, tendons, and cartilage. Given the chronicity of pain in this worker, with lack of quantity requested for Naproxen, the quantity of medication requested cannot be deemed medically necessary without further details given the risks of long-term treatment.

Retro (DOS: 6.2.15) Norco 10/235mg #60/month: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Opioids Page(s): 47-48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably denied the request to facilitate appropriate weaning as was recommended on prior utilization review. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.

Retro (DOS: 6.2.15) Soma 350mg #15/month: 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 carisprodol/Soma Page(s): 29.

Decision rationale: The MTUS does not recommend use of Soma, as this medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. In this case, due to the chronicity of the patient's symptoms and the contraindication for use per the guidelines, the request is not considered medically necessary.

Retro (DOS: 6.2.15) Omeprazole 20mg 1-2 daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

Decision rationale: The documents submitted for review provide concern for GI complaints to warrant continued use, but a quantity requested is not provided. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. It is the opinion of this reviewer that the request for Omeprazole being non-certified is reasonable based on lack of quantity requested, but given the history for GI risk/symptomatology in the provided records, the clarification and resubmission should be provided. Therefore the request cannot be considered medically necessary given the provided information at this time.