

Case Number:	CM15-0191356		
Date Assigned:	10/05/2015	Date of Injury:	10/22/2013
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 32 year old male, who sustained an industrial injury on 10-22-13. The injured worker was diagnosed as having chronic pain syndrome cervical and lumbar; internal derangement left shoulder and left knee. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-18-15 are hand written and difficult to decipher. The provider documentation appears to indicate the injured worker "complains of decreased range of motion neck and back and left knee with complaints of pain. Straight leg raise positive on left. Pending MRI of neck, chest, back and left knee. Lumbar spine HNP, cervical spine HNP, derangement of left knee. Chronic pain. Treatment is for chiropractic therapy and physical therapy. Medications: Diclofenac 100mg and Soma 350mg." Another PR-2 note was submitted dated 9-2-15 indicating the injured worker complains of constant pain in his neck, which is documented by this provider as "8 on a scale of 10, spreading into his left shoulder and arm. He has constant pain in the lower back that he rates as 7 on a scale of 10 made worse by standing, walking, and sitting. He also has intermittent pain in his left knee he rates as a 8 on a scale of 10 that spreads into the left leg and made worse by walking and bending his right knee. He complains of pain with most activities of daily living, including climbing stairs, sitting, standing, rising from a chair, getting in and out of a car, sleeping and engaging in sexual activity. He also has difficulty dressing himself, taking a bath and getting on and off the toilet." On physical examination, the provider notes "head and neck: there is evidence of paracervical muscle spasm and guarding. Occipital compression is positive. Range of motion is restricted with complaints of pain. Left shoulder: reveals no evidence of deformity; examination of the acromioclavicular

joint reveals evidence of pain; however, there is no step-off deformity. There are complaints of pain to palpation over the bicipital groove and subacromial bursa. Range of motion of the shoulder is restricted with complaints of pain. There is apparent weakness of abduction with resistance. There is no crepitus or grating. Glenohumeral rhythm is normal. Impingement sign is positive. The patient is wearing a back brace that is removed for exam. The patient has normal stance and gait and is able to move to and from with complaints of pain. There are complaints of pain on palpation of the paravertebral musculature with muscle spasm and guarding. Range of motion is restricted with complaints of pain and limits motion. The left knee exam notes a knee brace that was removed for exam. The patient walks in normal fashion able to fully squat, there is no swelling, effusion or discoloration. There are complaints of medial and lateral joint line pain and patellofemoral compression test is positive. There is no evidence of crepitus or grating." He has not worked since 10-30-14. There is no definitive start date for these medications requested. A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 8-21-15 and non- certification for Physical Therapy 2x3 Lumbar Spine, Left Knee; Diclofenac 100mg #60 and Soma 350mg #30. A request for authorization has been received for Physical Therapy 2x3 Lumbar Spine, Left Knee; Diclofenac 100mg #60 and Soma 350mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 Lumbar Spine, Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Chronic pain programs, early intervention, Physical Medicine.

Decision rationale: According to the CA MTUS/ ACOEM Chronic Pain Medical Treatment Guidelines page 9, therapy for chronic pain ranges from single modality approaches for the straightforward patient to comprehensive interdisciplinary care for the more challenging patient. Therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when performed in an integrated manner. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Typically, with increased function comes a perceived reduction in pain and increased perception of its control. This ultimately leads to an improvement in the patient's quality of life and a reduction of pain's impact on society. Physical therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the injured worker is nearly 2 years out from his injury. There is no documentation of functional level or functional goal. It is unclear from the documentation how many physical therapy visits the injured worker has already received. There is no documentation of a home exercise program or functional improvement after his initial physical therapy visits. Therefore, the decision for physical therapy 2x3 is not medically necessary.

Diclofenac 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: CA MTUS/ ACOEM guidelines support NSAID's as first line treatment to reduce pain, but long-term use may not be warranted. According to ODG, pain section, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Therefore, the request for diclofenac is not medically necessary.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long-term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. 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. In this case, it is unclear from the documentation how long the injured worker has been taking the medication. The guidelines do not recommend long-term use due to the risk of dependence and addiction. The exam notes do not document any muscle spasm. Therefore, the request is not medically necessary.