

Case Number:	CM15-0192425		
Date Assigned:	10/06/2015	Date of Injury:	06/03/2003
Decision Date:	11/24/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/30/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on 6-3-03. The injured worker was diagnosed as having cervical post laminectomy syndrome, cervical radiculopathy, neuropathic pain, cervical disc herniation, cervical degenerative disc disease, and cervical stenosis. Treatment to date has included C4-7 anterior and posterior cervical discectomy and fusion on 10-19-04, an unknown number of physical therapy sessions, and medication including Soma, Norco, Trazodone, and Amitriptyline. Physical examination findings on 8-14-15 included tenderness on palpation of the cervical paraspinal muscles with spasms. Cervical ranges of motion were restricted by pain in all directions. Muscle strength was 5 of 5 in all limbs and sensation was intact in all limbs except for decreased sensation in the biceps. On 8-14-15 the treating physician noted "prior physical therapy decreased the patient's neck pain by 40% and increased ranges of motion for 3 months. The patient had not done physical therapy in over 2.5 years." The treating physician noted "the 3-30-15 urine drug screen results were consistent with medications." On 8-14-15 the treating physician noted Soma "provides 50% improvement of her spasms with 50% improvement in her activities of daily living." On 8-14-15 the treating physician noted Norco "provides 60% improvement of her pain with 60% improvement of her activities of daily living." The injured worker had been taking Norco and Soma since at least March 2015. On 8-14-15, the injured worker complained of neck pain radiating to the trapezius, bilateral shoulder, and upper extremities. On 8-21-15 the treating physician requested authorization for physical therapy for the neck x6, Norco 7.5-325mg #90, and Soma 350mg #60. On 8-31-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck, QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

Norco 7.5/325mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Soma 350mg, QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: MTUS does not recommend use of Carisoprodol (Soma), particularly for long-term use or in combination with hydrocodone or other opioids. This medication has abuse potential for sedative and relaxant effects; abuse has also been noted in order to augment or alter effects of other drugs. MTUS recommends other first-line medications rather than Soma for pain or muscle spasm. The records do not provide an alternate rationale to support this request. This medication is not medically necessary.