

Case Number:	CM15-0222309		
Date Assigned:	11/18/2015	Date of Injury:	06/08/2000
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/12/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 63-year-old male who sustained an industrial injury on 6-8-2000 and has been treated for lumbar spondylosis without myelopathy, radiculopathy, and intervertebral disc disorder with radiculopathy. Undated diagnostic MRI is stated to have shown L4-5 herniated disc with L5 radiculopathy, confirmed on an electromyography-nerve conduction study. On 10-22-2015 the injured worker reported low back pain radiating into both buttocks, numbness in his right foot, and bilateral leg weakness. Objective findings include no tenderness with palpation, full range of motion and pain was not worsened with extension, flexion, rotation or lateral flexion. Straight leg raise and Patrick's test were negative bilaterally. Documented treatment includes medial branch block, rhizotomies, transforaminal epidural steroid injection, "Icy Hot," TENS, Soma at night, and Naproxen during the day since at least 2-2015. Naproxen dose was noted on 10-22-2015 to be decreased due to "low platelet count." He is stated to not be a candidate for neuraxial injections due to thrombocytopenia and leukemia. Note dated 6-5-2015 states the injured worker "felt better on physical therapy," but treatment dates or response are not evidenced in the provided records. Medication behavior and monitoring information is not available in the provided notes. The treating physician's plan of care includes a request for authorization for Naproxen 500 mg #30, Soma 350 mg #30, and 12 sessions of physical therapy for the low back. These requests were non-certified on 11-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The medical record indicates that Naprosyn 500 mg #30 is a dose reduction due to thrombocytopenia and there is documentation of response to the previous dose of Naprosyn. Naprosyn 500 mg #30 is medically necessary.

Soma 350mg quantity 30: 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): Muscle relaxants (for pain).

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Soma. This is not medically necessary and the original UR decision is upheld.

Physical Therapy for the low back x 12: Upheld

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

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

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order

to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed previous physical therapy visits and the medical records do not contain any information that would support any additional expected benefit from additional physical therapy. The request for twelve additional physical therapy sessions is denied. Therefore, the requested treatment is not medically necessary.