

Case Number:	CM15-0040755		
Date Assigned:	03/10/2015	Date of Injury:	09/14/1998
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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
 Certification(s)/Specialty: Internal 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 54-year-old female sustained an industrial injury to the neck, back and bilateral wrists on 9/14/98. Diagnoses include cervical sprain, carpal tunnel syndrome, and displacement of lumbar and cervical intervertebral discs without myelopathy. Previous treatment included heat, Toradol injections, B12 injections and medications. At a visit on 5/8/14, the injured worker reported pain in the wrists, neck, and low back rated 6-8 out of 10, as well as sleep difficulty. Medications included norco, soma, Xanax, ultram, and ambien. Height was recorded as 4 feet 9 inches and weight 193 pounds. A urine drug screen was ordered. Work status was noted to be permanent and stationary. Physical therapy was prescribed. There was no documentation of completion of any physical therapy. In a PR-2 dated 1/16/15, the injured worker complained of pain to bilateral wrist, neck and low back, rated 7-9 out of 10 in severity, with numbness and tingling to bilateral arms and decreased grip strength. The injured worker reported dropping items from both hands and having her right leg give out. The injured worker also complained of insomnia and headaches. Weight was recorded at 169 pounds. Physical exam was remarkable for tenderness to palpation to bilateral wrists with positive Phalen's sign bilaterally, positive Tinel's sign on the right and decreased range of motion bilaterally, cervical spine with tenderness to palpation, muscle guarding, spasms and restricted range of motion, with positive foraminal compression test on both sides, and lumbar spine paraspinal spasms and guarding, reduced range of motion, with positive Kemp's and straight leg raise test bilaterally and positive Valsalva on the right. Current diagnoses included cervical sprain, carpal tunnel syndrome and displacement of lumbar and cervical intervertebral disc without myelopathy. The treatment plan included orthopedic

surgery consultation to address total knee replacement, a urine drug screen, autonomic nervous system testing, physical therapy, and medications (Norco, Xanax, Soma, and transdermal compound cream). The treating physician discussed autonomic nervous system testing in order to correlate signs and symptoms of possible autonomic dysfunction with objective measurement. Cardio-respiratory diagnostic testing was performed on the same date, 1/16/15, and included testing of cardiovagal innervation, vasomotor adrenergic innervation, and electrocardiogram. On 2/10/15, Utilization Review (UR) non-certified requests for soma 350 mg, norco 10/325 mg, aquatic therapy 3 x 6, urine drug testing, and autonomic nervous system function testing, citing the MTUS, ODG, and medical journal articles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg (Unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Non-Sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines carisoprodol (soma) p. 29 muscle relaxants p. 63-66 Page(s): 29, 63-66.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long-term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for at least 8 months. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. The requested prescription is for an unstated quantity, and the medical records indicate a quantity of #120, which is not consistent with short-term use. Due to length of use in excess of the guidelines, lack of documentation of functional improvement, and lack of recommendation of this medication by the MTUS chronic pain guidelines, the request for soma is not medically necessary.

Norco 10/325mg (Unspecified quantity): Upheld

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

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

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific

functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Norco has been prescribed for 8 months for chronic pain in back, neck, and wrists. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status was noted as permanent and stationary. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. A urine drug screen was prescribed in May 2014; results were not provided. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Aquatic Therapy 3 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy p. 22 physical medicine p. 98-99 Page(s): 22, 98-99.

Decision rationale: The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing/minimization of the effects of gravity is desirable. Such situations include extreme obesity, and in certain cases of knee complaints while allowing the affected knee to rest before undergoing specific exercises to rehabilitate the area at a later date. Water exercises have been noted to improve some components of health-related quality of life, balance, and stair climbing in the treatment of fibromyalgia, but regular exercises and higher intensities may be required to preserve most of these gains. The number of sessions of aquatic therapy follows the physical medicine guidelines. The maximum recommended quantity of physical medicine visits is 10, with progression to home exercise. The current therapy prescription for 18 sessions exceeds the quantity recommended in the MTUS. The body part to be treated was not specified. The injured worker has a body mass index that falls in the range of obesity, but not extreme obesity, and there was no documentation of necessity of reduced weight bearing/ minimization of the effects of gravity with exercise, or intent to allow rest to the knee. Due to lack of specific indication and

number of sessions requested in excess of the guidelines, the request for aquatic therapy is not medically necessary.

Urine Drug Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedures Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94 Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. There was no documentation of risk stratification which would be needed to determine the frequency of testing. The injured worker has been treated with opioid medication for at least 8 months. A urine drug screen was previously requested in May of 2014; results were not provided. The associated opioid medication (Norco) has been determined to be not medically necessary. Due to lack of documentation of risk stratification for aberrant behavior, and lack of medical necessity of the associated opioid, the request for urine drug testing is not medically necessary.

Autonomic Nervous System Function Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/punmed/16464534>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines autonomic test battery Page(s): 23.

Decision rationale: An autonomic test battery is recommended by the MTUS for diagnostic testing for complex regional pain syndrome (CRPS) 1. Resting skin temperature, resting sweat

output, and quantitative sudomotor axon reflex test are a test battery with some evidence to support its limited use in the diagnosis of CRPS-1. This injured worker had diagnoses of carpal tunnel syndrome and cervical and lumbar disc disease. There was no documentation of presence of, or consideration of possible diagnosis of CRPS. The testing discussed by the treating physician was noted to be cardio-respiratory diagnostic testing which included testing of cardiovagal innervation, vasomotor adrenergic innervations, and electrocardiogram. No cardiac or respiratory symptoms were documented. Due to lack of indication, the request for Autonomic Nervous System Function Testing is not medically necessary.