

Case Number:	CM15-0065650		
Date Assigned:	04/13/2015	Date of Injury:	01/07/2000
Decision Date:	07/02/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, California
 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:

The applicant is a represented 47-year-old who has filed a claim for chronic neck and back pain reportedly associated with an industrial injury of January 7, 2000. In a Utilization Review report dated March 5, 2015, the claims administrator partially approved a request for Percocet, partially approved a request for Soma, denied 12 sessions of physical therapy, and denied 12 sessions of acupuncture. The claims administrator referenced a February 20, 2015 office and an associated RFA form of February 26, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated February 20, 2015, the applicant reported ongoing complaints of neck and low back pain, reportedly severe. The applicant was placed off work, on total temporary disability, while additional physical therapy and acupuncture were sought. A spine surgery consultation was also proposed. The note was sparse, thinly developed, handwritten, and not altogether legible. In a prescription form dated February 20, 2015, Percocet, Soma, Topamax, and tizanidine were refilled, without any discussion of medication efficacy. On February 23, 2015, it was acknowledged that the applicant had undergone earlier failed cervical fusion surgery. Epidural steroid injection therapy was sought. The applicant's medication list reportedly included tizanidine, Topamax, Percocet, Soma, Cymbalta, Klonopin, and aspirin, it was acknowledged. Once again, no discussion of medication efficacy transpired. In a handwritten note dated January 23, 2015, difficult to follow, not entirely legible, the applicant again reported multifocal complaints of neck and low back pain. Once again, the applicant was placed off work, on total temporary disability, while a pain management consultation, twelve sessions of physical therapy, and twelve sessions of acupuncture were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was off work, on total temporary disability, it was suggested on multiple progress notes of earlier 2015, referenced above. The attending provider's documentation and handwritten progress notes likewise failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected because of ongoing Percocet usage. Therefore, the request was not medically necessary.

Soma 350 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s): 29, 65, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: Similarly, the request for carisoprodol (Soma) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, using Percocet, an opioid agent. Continued usage of Soma was not, thus, indicated in conjunction with the same. Therefore, the request was not medically necessary.

Physical Therapy, Lumbar Spine, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: Similarly, the request for 12 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy at issue, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off work, on total temporary disability. The applicant remained dependent on opioid agents such as Percocet, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

Acupuncture, Cervical Spine, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture [DWC] Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Finally, the request for 12 sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. The request was likewise framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20e, here, however, the applicant was off work, on total temporary disability, despite receipt of earlier unspecified amounts of acupuncture. The applicant remained dependent on opioid agents such as Percocet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e. Therefore, the request for additional acupuncture was not medically necessary.