

<b>Case Number:</b>	CM15-0087925		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/22/2013
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Connecticut, California, Virginia  
 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 injured worker is 47 year old male, who sustained an industrial injury on September 22, 2013 was related to a fall. The injured worker has been treated for neck and low back complaints. The diagnoses have included cervical spine musculoligamentous sprain/strain with left upper extremity radiculopathy, lumbar two compression fracture, cervical herniated nucleus pulposus with left upper extremity radiculopathy and cervicogenic headaches. Treatment to date has included medications, radiological studies, injections, physical therapy, a home exercise program and lumbar spine surgery. Current documentation dated March 20, 2015 notes that the injured worker reported intermittent low back pain with spasms rated a five-six out of ten on the visual analogue scale. The pain radiated to the left lower extremity with associated intermittent numbness and tingling after physical therapy. Objective findings included visible and palpable atrophy in the left calf. The injured worker continued to have tremendous spasms in the hamstring as well as the iliotibial band. A straight leg raise test and tension signs were positive. Motor testing revealed weakness of the extensor hallucis longus and foot overture muscles. The injured worker was noted to be slowly improving with physical therapy. The treating physician's plan of care included requests for physical therapy two to three times a week for four weeks for the low back, a Medrol Dosepak, unknown quantity, Norco 10/325 mg # 60 and Soma 350 mg # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 to 3 times a week for 4 weeks for the low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25, 26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58.

**Decision rationale:** The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation are recommended as options in low back pain; in this case the patient is post-operative and has already completed some physical therapy. With respect to therapeutic care, the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement allowing for up to 18 visits over 6-8 weeks. If the case is considered a recurrence/flare-up, the guidelines similarly indicate a need to evaluate treatment success, and even in cases of post-operative recovery, evidence of functional improvement is important. The patient needs to be evaluated for functional improvement prior to the completion of many visits in order to meet the standards outlined in the guidelines. Overall, it is quite possible the patient may continue to benefit from conservative treatment with manual therapy at this time. However, early re-evaluation for efficacy of treatment/functional improvement is critical. The guidelines indicate a time to produce effect of 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request was appropriately modified by utilization review to assess for added clinical benefit prior to completion of the entire course of therapy requested, and therefore the initial request is not considered medically necessary.

**Medrol Dosepak, unknown quantity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Corticosteroids (oral/parenteral/IM for low back pain).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** According to the MTUS ACOEM Guidelines and the ODG Guidelines, oral corticosteroids are not recommended as a treatment modality in cases of chronic pain management. The provided records do not indicate any remarkable factors that may substantiate the request. The recent note's physical exam is brief, but there is no indication of severe deficit that warrants treatment outside of that supported by the guidelines based on the provided documentation. It is unclear as to the level of new injury or severe exacerbation in this patient's course of treatment, and the use of corticosteroids is not generally recommended under these conditions. With no clear current clinical indications for treatment with corticosteroids, and the request cannot be considered medically necessary.

**Norco 10/325mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Hydrocodone/Acetaminophen Page(s): 77-80, 91, 124.

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

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably requested facilitation of weaning in previous reviews. Given the lack of lack of evidence to support functional improvement on the medication since 2014, and the chronic risk of continued treatment, the request is not considered medically necessary.

**Soma 350mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-65.

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

**Decision rationale:** The MTUS does not recommend use of Soma, as this medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. 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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. In this case, due to the chronicity of the patient's symptoms and the contraindication for use per the guidelines, the request is not considered medically necessary.