

Case Number:	CM14-0110715		
Date Assigned:	08/01/2014	Date of Injury:	07/12/2002
Decision Date:	09/29/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old male who reported an injury due to a slip and fall on 07/12/2002. On 06/09/2014, his diagnoses included myofascial sprain/strain of the cervical spine, multilevel cervical spine disc bulges, status post lumbar fusion, status post left foraminotomy, and status post left knee arthroscopy on 07/17/2013 and 08/05/2012. His left knee ranges of motion measured in degrees were flexion 90/110, extension 0/5, internal rotation 5/20, and external rotation 0/10. His medications included Norco 10/325 mg for pain and Soma 350 mg for muscle spasms. It was noted that he had completed 10 physical therapy sessions for his left knee between 08/20 and 10/02/2013. The rationale for his medications was that they were to treat the sequelae arising out of his industrial injuries. A Request for Authorization dated 06/09/2014 for the physical therapy and Norco was included in this injured worker's chart as well as a Request for Authorization for the Soma dated 11/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Left Knee, QTY: 12: 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): 98-99.

Decision rationale: The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are instructed and expected to continue active therapies at home. The recommended schedule for myalgia and myositis is 9 to 10 visits over 8 weeks. There was no submitted documentation that this injured worker had continued his physical therapy with a home exercise program. Since he had already completed 10 documented physical therapy sessions for the left knee, any more sessions beyond that would exceed the recommendations in the guidelines. Therefore, the request for 12 sessions of Physical Therapy for the Left Knee is not medically necessary.

Norco 10/325MG, QTY: 600: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long-term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy, or drug screens. There was no frequency specified in the request. Therefore, the request for Norco 10/325 MG QTY: 600 is not medically necessary.

Soma 350MG, QTY: 600: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

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

Decision rationale: The California MTUS Guidelines do not recommend Soma. This medication is not indicated for long-term use. Soma is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate, a schedule IV controlled substance. Abuse has been noted for sedative and relaxant effects. The request did not specify a frequency of administration. The Guidelines do not support the use of this medication. Therefore, the request for Soma 350 MG, QTY: 600 is not medically necessary.