

Case Number:	CM14-0180223		
Date Assigned:	11/04/2014	Date of Injury:	09/17/2007
Decision Date:	12/09/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 35 year old male who was injured on 9/17/2007. He was diagnosed with synovitis, cervical sprain/strain, cervical myofascial syndrome, thoracic sprain/strain, thoracic myofascial syndrome, thoracic disc protrusion, thoracic disc degeneration, lumbar sprain/strain, lumbar myofasciitis syndrome, lumbar radiculitis, right hand sprain/strain, and hand contusion. He was treated with physical therapy (including aquatic therapy), home exercises, chiropractic treatments, TENS unit, surgery (lumbar), and medications including opioids and muscle relaxants. On 9/2/14, the worker was seen by his primary treating physician for a follow-up for his chronic low back pain, which he rated at 9/10 on the pain scale. Physical findings included limited range of motion of the lumbar spine, positive straight leg raise test, tenderness over sacroiliac joints, and normal gait. He was then recommended to 12 additional sessions of aquatic therapy, MRI of the lumbar spine, pain consultation, and refills of his Tramadol and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aqua Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, there was no explanation in the notes provided for review as to why water-based as opposed to land-based therapy was required. Also, the request for physical therapy was for 12 sessions, which is beyond the recommendations of the MTUS. Therefore, the aquatic therapy is not medically necessary.

One (1) Prescription of Tramadol #90 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence that suggested this complete review took place at the time of the request for a refill. There was no documented evidence of measureable functional benefit related to his Tramadol use, or pain levels with and without its use. Therefore, without clear evidence of benefit, the request for Tramadol is not medically necessary. However, weaning may be necessary.

One (1) Prescription of Soma 350mg #90 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma); Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are

likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that Carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of Carisoprodol. In the case of this worker, he had been using Soma (Carisoprodol) chronically leading up to the request for renewal, which is not the recommended use of this medication. Also, there was no documented evidence of functional or pain-reducing benefit which might have helped the reviewer consider this case an exception to the recommendations. Therefore, the Soma is not medically necessary to continue. Weaning may be necessary.