

Case Number:	CM14-0185478		
Date Assigned:	11/13/2014	Date of Injury:	09/10/1988
Decision Date:	12/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/10/88 when, while working as a machine operator, he had progressive low back pain. He ultimately underwent a multilevel lumbar decompression and fusion. An x-ray of the lumbar spine on 03/11/13 showed findings of the interval development of L2-3 retrolisthesis. He was seen by the requesting provider on 03/11/14. The note references some spinal instability. He was participating in an independent gym program and had been able to improve his positional tolerances. He was having back pain radiating into the legs. Medications were Norco, Soma, Pamelor, and he was occasionally taking MSIR. Physical examination findings included appearing in mild distress. There was decreased and painful lumbar spine range of motion with positive straight leg raising. There was decreased lower extremity sensation. Medications were refilled. He was to continue an independent gym program. On 09/10/14 he had pain rated at 6/10 at baseline and decreasing to 3/10 with medications. Pool therapy is referenced as helping and the claimant as participating three times per week, confirmed through use of a logbook. He was also trying to walk regularly. Physical examination findings included decreased and painful lumbar spine range of motion. Straight leg raising was negative bilaterally. There was positive Patrick's testing. There was normal sensation. Recommendations included an additional six-months of an independent pool program. Medications were Norco 4-6 times per day, Soma 2-3 times per day, Pamelor 10 mg, occasional use of MSIR 2-3 times per month, and Valium 5 mg QHS 2-3 times per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

72 pool therapy sessions: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87

Decision rationale: The claimant is more than 20 years status post work-related injury with treatments including a lumbar spine fusion. He continues to be treated for radiating low back pain. Imaging in 2013 is reported to show development of adjacent segment retrolisthesis. The claimant regularly participates in a gym-based pool program. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. If any membership to a pool is covered, coverage should be continued if it can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, the claimant uses the pool on a regular basis and has imaging showing findings consistent with adjacent segment instability which would be expected to limit participation in a land based exercise program. Therefore, the requested pool sessions are medically necessary.

Valium 5 mg #15 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The claimant is more than 20 years status post work-related injury with treatments including a lumbar spine fusion. He continues to be treated for radiating low back pain. Medications include Valium taken 2-3 times per month for spasms. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of his condition and therefore the continued prescribing of Valium is not medically necessary.

Soma 350 mg #90 with 3 refills: Upheld

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

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

Decision rationale: The claimant is more than 20 years status post work-related injury with treatments including a lumbar spine fusion. He continues to be treated for radiating low back pain. Medications include Soma for spasms, being prescribed on a long-term basis. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. There are other medications and treatments considered appropriate in the treatment of her condition.