

Case Number:	CM14-0130293		
Date Assigned:	08/20/2014	Date of Injury:	07/01/2003
Decision Date:	05/01/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/14/2014

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. 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 51-year-old [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of July 1, 2003. In a Utilization Review Report dated August 6, 2014, the claims administrator failed to approve a request for physical therapy, Soma, methadone, Norco, and cervical MRI imaging. The opioids were partially approved for weaning purposes while the remainder of the requests were denied outright. An RFA form of August 4, 2014 and a progress note of July 3, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. In said July 3, 2014 progress note, the applicant reported persistent complaints of neck and low back pain. The applicant reported tearfulness and anxiety. The applicant was described as having evicted from her home. 8/10 pain complaints with medications were reported. The applicant was on Xanax, Lidoderm, Desyrel, methadone, Soma, and Norco, it was acknowledged, several of which were refilled. Drug testing was also endorsed. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. Various issues with depression, anxiety, and insomnia were raised throughout the report. In an RFA form dated August 2, 2014, additional physical therapy and cervical MRI imaging were endorsed. On June 27, 2014, cervical MRI imaging, physical therapy, and multiple medication refills were endorsed. Once again, the applicant's work status was not detailed. The attending provider stated that the applicant had 8/10 pain complaints, despite ongoing medication consumption. The attending provider was a pain management specialist, it was stated. The attending provider seemingly stated that he was ordering cervical MRI imaging for academic evaluation purposes, to determine

the extent of structural changes. In an earlier note dated April 8, 2014, the attending provider stated that the applicant needed to undergo cervical spine surgery so that she could go back to work, suggesting that the applicant was not, in fact, working as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Shoulder Region: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

Decision rationale: No, the request for additional physical therapy was not medically necessary, medically appropriate, or indicated here. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, despite earlier unspecified amounts of physical therapy over the course of the claim, including in 2014 alone. The applicant remained dependent on a variety of opioid and non-opioid agents including Norco, Soma, methadone, Xanax, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that an attending provider furnish a prescription for physical therapy which clearly states treatment goals. Here, clear treatment goals were not furnished. It was not clearly stated how the applicant could stand to benefit from further physical therapy at this late stage in the course of the claim. The duration, amount, and frequency of proposed physical therapy were not furnished. Therefore, the request was not medically necessary.

MRI Of Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Conversely, the request for cervical MRI imaging was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, CT or MRI imaging is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the requesting provider did seemingly suggest in a progress note of April 8, 2014 that the applicant needed to undergo cervical spine surgery. The applicant did

subsequently report heightened upper extremity radicular complaints on multiple office visits made in late 2014, referenced above. It did appear, thus, that the cervical MRI in question was intended for preoperative finding purposes. Therefore, the request was medically necessary.

Methadone Tablets 10 Mg #300: Upheld

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

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

Decision rationale: Conversely, the request for methadone, an opioid agent, 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 as a result of the same. Here, however, the applicant was off of work as of the date of the request, the treating provider acknowledged. The applicant continued to report pain complaints of 8/10, despite ongoing methadone usage. The attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing methadone usage (if any). Therefore, the request was not medically necessary.

Norco Tablets 325; 10 Mg; #240: Upheld

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

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

Decision rationale: Similarly, the request for Norco, 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 as a result of the same. Here, however, the applicant was off of work as of the date of the request. The applicant's pain complaints were seemingly heightened from visit to visit as opposed to reduce from visit to visit, despite ongoing Norco usage. 8/10 pain complaints were reported, despite ongoing Norco usage. The attending provider failed, in short, to outline any meaningful, material, or significant improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

Soma 350mg#120: Upheld

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

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

Decision rationale: Finally, the request for Soma (carisoprodol) 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 request in question did represent a renewal or extension request for carisoprodol. The applicant was, in fact, using multiple opioid agents, including Norco and methadone also at issue. Concurrent usage of carisoprodol was not, thus, indicated here. Therefore, the request was not medically necessary.