

Case Number:	CM14-0214766		
Date Assigned:	01/07/2015	Date of Injury:	10/17/1994
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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, Ohio, 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:

FILE NUMBER: CM14-0214766, CLINICAL SUMMARY: The applicant is a represented Zenith Insurance Company beneficiary who has filed a claim for chronic low back pain and chronic pain syndrome reportedly associated with an industrial injury of October 2, 1994. In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve requests for Soma, physical therapy of the cervical spine, and physical therapy for the lumbar spine. Motrin, Topamax, and Norco were apparently approved. The claims administrator referenced an RFA form received on November 17, 2014 in its determination. The claims administrator did allude to the applicant's having had earlier cervical spine surgery. The claims administrator referenced a November 7, 2014 progress note in which the applicant was described as reporting 5-7/10 pain complaints. The applicant was using Norco, Topamax, Motrin, and Soma as of that point in time, the claims administrator contended. The applicant's attorney subsequently appealed. Multiple handwritten progress notes interspersed throughout December 2013, including those dated December 3, 2013, December 5, 2013, December 17, 2013, December 19, 2013, and December 24, 2013 were all notable for comments that the applicant was off of work, on total temporary disability. On March 21, 2014, the applicant reported persistent complaints of low back pain, leg pain, and neck pain. The applicant was using Norco, Topamax, Motrin, and tizanidine. The attending provider acknowledged that the applicant was not working. The applicant was having difficulty with activities of daily living as basic as standing, walking, and sleeping, it was acknowledged. The applicant was asked to employ Soma, as of this point in time. Norco was also renewed. Permanent work restrictions were

endorsed, which were effectively resulting in the applicant's removal from the workplace, it was acknowledged, it was acknowledged. A November 18, 2008 Medical-legal Evaluation was notable for comments that the applicant was off of work as of that point in time. The applicant had a variety of chronic pain and mental health issues, it was acknowledged. In a November 7, 2014 progress note, the applicant reported persistent complaints of neck and low back pain. The attending provider acknowledged that the applicant was not working. Surgical scarring associated with the cervical fusion was noted. Multiple medications were refilled, including Norco, Soma, Topamax, and Motrin. Permanent work restrictions and x-ray studies were sought, apparently in conjunction with additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: No, the request for Soma (carisoprodol) was 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 applicant was/is using Norco, an opioid agent. Addition of carisoprodol or Soma to the mix was/is not recommended. It is further noted that the applicant has apparently been using Soma or carisoprodol for a minimum of eight months, since March 2014. While page 65 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that usage of carisoprodol or Soma should generally not exceed two to three weeks. The request, thus, is at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.

Physical therapy for lumbar spine x 8: 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.

Decision rationale: .The request for eight sessions of physical therapy for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8-10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work, despite having received earlier unspecified amounts of physical

therapy over the course of the claim. The applicant remained dependent on a variety of opioid and non-opioid agents, including Norco and Soma. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

Physical therapy for cervical spine x 8: 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.

Decision rationale: Finally, the request for eight sessions of physical therapy for the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on opioid agents such as Norco and non-opioid agents such as Soma. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request was not medically necessary.