

Case Number:	CM14-0216667		
Date Assigned:	01/06/2015	Date of Injury:	06/19/2013
Decision Date:	05/29/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/26/2014

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33-year-old female who reported an injury on 06/19/2013. The mechanism of injury was not provided. On 11/11/2014, the injured worker presented with complaints of constant low back pain. Diagnoses were low back radiculopathy. Upon examination, the lumbar range of motion values were 40 degrees of flexion, 15 degrees of extension, and 15 degrees of bilateral flexion. There was tenderness noted to lumbar spine. There was tenderness of the paravertebral muscles with spasm bilaterally. Noted that therapy was completed with benefit and helped decrease medications and allowed for longer sitting and walking and the ability to sleep more. There is pain increase since therapy has ended. The diagnoses were low back radiculopathy. The provider recommended a compound oral medication Somnicin, chiropractic treatment for the lumbar spine, and physical therapy for the lumbar spine. The rational was not provided. The request for authorization form was not included in the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound oral medication: Somnicin (unknown duration/quantity/dosage): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound Drugs.

Decision rationale: The request for compound oral medication: Somnicin (unknown duration/quantity/dosage) is not medically necessary. The Official Disability Guidelines state that compound drugs are not recommended as a first line therapy. FDA approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated for individual patients, compound drugs that use FDA approved ingredients may be considered. The criteria for use of a compound drug include at least 1 drug substance or active ingredient that is the sole active ingredient in FDA approved prescription (not including over the counter drugs), only bulk ingredients that are components of FDA approved drugs that have been made in an FDA registered facility and have an NDC code as indicated. It cannot be a drug that was withdrawn or removed from the market for safety reasons and it is not a copy of a commercially available FDA approved drug product. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. There is no information on history or length of time the injured worker had been prescribed Somnicin. Additionally, there is no evidence of the injured worker's trial and failure to respond to an FDA approved drug prior to being prescribed Somnicin. Efficacy of the prior use of the medication was not provided. The provider does not indicate the dose, frequency, or quantity of the medication in the request as submitted. As such, medical necessity has not been established.

Chiropractic treatment for the lumbar spine x 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

Decision rationale: The request for chiropractic treatment for the lumbar spine x 12 sessions is not medically necessary. The California MTUS Guidelines state that manual therapy or chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitates progress in the patient's therapeutic exercise program and return to productive activities. Guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is indicated. There is lack of documentation indicating that the injured worker has significant objective functional improvement with the prior therapy. Additionally, the amount of prior therapy visits were not provided. Additionally, there is no evidence of musculoskeletal deficits noted on physical exam. As such, medical necessity has not been established.

Physical therapy for lumbar spine X 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for physical therapy for the lumbar spine x 12 sessions is not medically necessary. The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and can alleviate discomfort. The guidelines recommend 10 visits over 4 weeks. The injured worker had participated in prior therapy. However, the amount and the efficacy of those previous session were not provided for review. Request for 12 additional sessions would exceed the guideline recommendations. There are no significant barriers to transitioning the patient into an independent home exercise program. As such, medical necessity has not been established.