

Case Number:	CM15-0110070		
Date Assigned:	06/16/2015	Date of Injury:	01/01/2002
Decision Date:	09/01/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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
 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 46 year old female, who sustained an industrial injury on January 1, 2002. The injured worker was diagnosed as having neck spasm, rotator cuff syndrome, myalgia and myositis, lumbar/lumbosacral degenerative disc disease, cervicgia, lumbago and cervical intervertebral disc degeneration. Treatment to date has included medication and home exercise program (HEP). A progress note dated May 12, 2015 provides the injured worker complains of neck and back pain. She reports pain without medication is 10/10 and with medication is 5/10. Current pain is rated 7/10. Physical exam notes cervical and lumbar tenderness on palpation with decreased range of motion (ROM) and spasm. There is positive bilateral straight leg raise. The plan includes physical therapy, oxycodone HCL, hydrocodone/acetaminophen, Soma and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 sessions for cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The patient presents with chronic, severe neck and low back pain rated 10/10 without and 5/10 with medications. The request is for Physical Therapy X 6 Sessions For Cervical Spine. The request for authorization is dated 05/13/15. Cervical exam reveals tenderness to palpation paraspinals bilaterally with radiating pain to upper extremities and shoulder bilaterally. Lumbar/Sacral exam reveals tenderness to palpation paraspinals, exquisite tenderness over L4-5 facets. Sciatic notch tenderness present bilaterally. Sitting straight leg raise is positive bilaterally. Patient is to continue with conservative treatment to include home exercise program, moist heat and stretches. The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADL's and home exercises. No side effects are associated with these. Patient's medications include Oxycodone, Hydrocodone-Acetaminophen, Soma and Naprosyn. Per progress report dated 06/09/15, the patient is permanent and stationary. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 05/12/15, treater's reason for the request is "for cervical myofascial pain." Given the patient's condition, a short course of physical therapy would be indicated. Review of provided medical records show no evidence of prior physical therapy sessions. The request for 6 sessions of physical therapy appears reasonable and is within MTUS guidelines indication. Therefore, the request is medically necessary.

Oxycodone HCL 15mg #120: Overtuned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with chronic, severe neck and low back pain rated 10/10 without and 5/10 with medications. The request is for Oxycodone HCL 15MG #120. The request for authorization is dated 05/13/15. Cervical exam reveals tenderness to palpation paraspinals bilaterally with radiating pain to upper extremities and shoulder bilaterally. Lumbar/ Sacral exam reveals tenderness to palpation paraspinals, exquisite tenderness over L4-5 facets. Sciatic notch tenderness present bilaterally. Sitting straight leg raise is positive bilaterally. Patient is to continue with conservative treatment to include home exercise program, moist heat and stretches. The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADL's and home exercises. No side effects are associated with these. Patient's medications include Oxycodone, Hydrocodone-Acetaminophen, Soma and Naprosyn. Per progress report dated 06/09/15, the patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated

instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Treater does not specifically discuss this medication. The patient has been prescribed Oxycodone since at least 11/25/14. MTUS requires appropriate discussion of the 4A's, and treater discusses how Oxycodone significantly improves patient's activities of daily living. Analgesia is discussed, specifically showing significant pain reduction with use of Oxycodone. There are documentation and discussion regarding adverse effects and aberrant drug behavior. A UDS report dated 12/23/14 and CURES was documented. Therefore, the request is medically necessary.

Hydrocodone - Acetaminophen 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with chronic, severe neck and low back pain rated 10/10 without and 5/10 with medications. The request is for Hydrocodone - Acetaminophen 10/325MG #120. The request for authorization is dated 05/13/15. Cervical exam reveals tenderness to palpation paraspinals bilaterally with radiating pain to upper extremities and shoulder bilaterally. Lumbar/Sacral exam reveals tenderness to palpation paraspinals, exquisite tenderness over L4-5 facets. Sciatic notch tenderness present bilaterally. Sitting straight leg raise is positive bilaterally. Patient is to continue with conservative treatment to include home exercise program, moist heat and stretches. The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADL's and home exercises. No side effects are associated with these. Patient's medications include Oxycodone, Hydrocodone-Acetaminophen, Soma and Naprosyn. Per progress report dated 06/09/15, the patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Treater does not specifically discuss this medication. The patient has been prescribed Hydrocodone-Acetaminophen since at least 11/25/14. MTUS requires appropriate discussion of the 4A's, and treater discusses how Hydrocodone-Acetaminophen significantly improves patient's activities of daily living. Analgesia is discussed, specifically showing significant pain reduction with use of

Hydrocodone-Acetaminophen. There are documentation and discussion regarding adverse effects and aberrant drug behavior. A UDS report dated 12/23/14 and CURES was documented. Therefore, the request is medically necessary.

Soma 350mg #30 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

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

Decision rationale: The patient presents with chronic, severe neck and low back pain rated 10/10 without and 5/10 with medications. The request is for Soma 350mg #30 X 1 Refill. The request for authorization is dated 05/13/15. Cervical exam reveals tenderness to palpation paraspinals bilaterally with radiating pain to upper extremities and shoulder bilaterally. Lumbar/Sacral exam reveals tenderness to palpation paraspinals, exquisite tenderness over L4-5 facets. Sciatic notch tenderness present bilaterally. Sitting straight leg raise is positive bilaterally. Patient is to continue with conservative treatment to include home exercise program, moist heat and stretches. The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADL's and home exercises. No side effects are associated with these. Patient's medications include Oxycodone, Hydrocodone-Acetaminophen, Soma and Naprosyn. Per progress report dated 06/09/15, the patient is permanent and stationary. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater does not specifically discuss this medication. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. However, patient has been prescribed Soma since at least 11/25/14. The request for additional Soma #30 with 1 refill does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.