

Case Number:	CM15-0170587		
Date Assigned:	09/11/2015	Date of Injury:	05/19/2014
Decision Date:	10/29/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/31/2015

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, Pain Management

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 53 year old female, who sustained an industrial injury on May 19, 2014, incurring upper and lower back injuries. She was diagnosed with cervical degenerative disc disease, lumbar degenerative disc disease, lumbar radiculopathy and disc herniation. Treatment included muscle relaxants, anti-inflammatory drugs, cold packs, pain medications and activity restrictions. The injured worker stated that the muscle relaxants were the most effective in relieving her pain. Currently, the injured worker complained of constant and intermittent left sided neck pain. She noted the pain to be aching and burning radiating to the left trapezius muscle with a pain level of 6 out of 10. She had limited range of motion of her neck on examination. The injured worker also complained of left low back pain with a pain level of 8 out of 10 radiating to the left calf associated with stiffness and decreased flexion. Bending, lifting and walking exacerbate her pain. She noted muscle spasms of both her upper back, neck and lower back. The treatment plan that was requested for authorization included prescriptions for Norco and Soma given retrospectively on July 10, 2015; re-evaluation with a neurosurgeon for the lumbar spine after management trial fails; aquatic physical therapy for the low back 2 times a week for 3 weeks and if helpful an additional 6 visits. On August 10, 2015, utilization review modified the request to allow for 6 visits of aquatic physical therapy; utilization review non-certified the requests for prescriptions of Norco and Soma; and non-certified the request for the re-evaluation of a neurosurgeon for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation with neurosurgeon for lumbar spine, preferably after pain management trial fails: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for repeat specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In the case of this injured worker, the rationale for a repeat consultation with a neurosurgeon is not apparent. The patient has had a prior consultation where surgery is recommended, and she is considered a surgical candidate. Furthermore, there is no explanation of why the patient needs another consultation after seeing pain management. Due to a lack of documentation, this request is not medically necessary.

Aquatic physical therapy for the low back 2 times per week for 3 weeks, if it is helpful, an additional 6 visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is documentation indicating that the patient has failed land based PT and there is a desire to attempt aquatic therapy. Thus, an initial 6 visits would be appropriate for this worker's lumbar spine pathology. As per any physiotherapy request, future session may be warranted if functional benefit can be documented with the initial 6 sessions. The currently requested aquatic therapy is medically necessary.

Retro Norco 10/325 mg #60 with a dos of 7/10/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Retro Soma 350 mg #15 with a dos of 7/10/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. In the case of Soma, a further consideration is the potential for abuse and dependence, as Soma has been shown to be riskier in this regard than some other muscle relaxants. Within the documentation available for review, there is no identification of a specific objective functional improvement as a result of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as the patient has been on Soma since 3/2015. Given this, the currently requested carisoprodol (Soma) is not medically necessary.