

Case Number:	CM15-0176250		
Date Assigned:	09/17/2015	Date of Injury:	12/13/2006
Decision Date:	10/20/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 52 year old male injured worker suffered an industrial injury on 12-13-2006. The diagnoses included cervical sprain, lumbar sprain, cephalgia, degeneration of the cervical disc. On 8-7-2015 the treating provider reported constant slight to intermittent moderate and occasional severe neck pain with radicular pain in the upper back. He denied radicular arm pain, numbness or tingling at this time. He noted stiffness, tightness and limited range of motion. There was constant slight to intermittent moderate and occasional severe low back pain with weakness in both legs. There was constant moderate to severe pain in the entire right shoulder with noise, stiffness and tightness. He was walking with the aid of a walker. He stated he completed physical therapy for the cervical spine 3 weeks prior and reported partial pain relief. On exam reduced cervical range of motion. On 6-12-2015, the provider noted that physical therapy 2 times a week for 4 weeks was to start. The medical record did not include record of how many physical therapy sessions were completed and any evaluation noted. The documentation provide did not include a comprehensive pain evaluation with pain levels with and without medication, no evidence of functional performance and no evidence of an aberrant drug risk assessment including urine drug screen. The Utilization Review on 8-13-2015 determined non-certification for Norco 10/325mg, Soma 350mg and physical therapy for the cervical spine 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical sprain; lumbar sprain; cephalgia; cervical disc degeneration; HNP; and sprain shoulder/arm. Date of injury is December 13, 2006. According to a progress note dated January 23, 2015, current medications included Soma 350 mg and Norco 10/325mg. According to a July 10, 2015 progress note, the documentation indicates the injured worker was receiving physical therapy to the cervical spine at [REDACTED]. Subjectively, the injured worker has ongoing neck pain with radicular symptoms to the upper extremities. Additional complaints or shoulder pain. There are no detailed pain assessments or risk assessments in the medical record. There is no documentation demonstrating objective functional improvement to support ongoing Norco 10/25 mg. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, continued Norco without documentation demonstrating objective functional improvement and no detailed pain assessments or risk assessments, Norco 10/325mg is not medically necessary.

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain

and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical sprain; lumbar sprain; cephalgia; cervical disc degeneration; HNP; and sprain shoulder/arm. Date of injury is December 13, 2006. According to a progress note dated January 23, 2015, current medications included Soma 350 mg and Norco 10/325mg. According to a July 10, 2015 progress note, the documentation indicates the injured worker was receiving physical therapy to the cervical spine at [REDACTED]. Subjectively, the injured worker has ongoing neck pain with radicular symptoms to the upper extremities. Additional complaints or shoulder pain. Soma is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or in acute exacerbation of chronic low back pain. The guidelines recommend short-term (less than two weeks) use. The treating provider continued Soma 350 mg in excess of eight months. There are no compelling clinical facts to support its ongoing use. There is no documentation demonstrating objective functional improvement to support ongoing Soma. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, treatment continued for eight months in excess of the recommended guidelines for short-term use (less than two weeks), Soma 350 mg is not medically necessary.

Physical therapy for the cervical spine 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy cervical spine two times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical sprain; lumbar sprain; cephalgia; cervical disc degeneration; HNP; and sprain shoulder/arm. Date of injury is December 13, 2006. According to a progress note dated January 23, 2015, current medications included Soma 350 mg and Norco 10/325mg. Subjectively, the injured worker has ongoing neck pain with radicular symptoms to the upper extremities. Additional complaints or shoulder pain. According to a July 10, 2015 progress note, the documentation indicates the injured worker was receiving physical therapy to the cervical spine at [REDACTED]. The total number of physical therapy sessions is not documented in medical record. There is no documentation demonstrating objective functional improvement with physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions to date, no documentation demonstrating objective functional improvement with physical therapy to date and no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically indicated, physical therapy cervical spine two times per week times four weeks is not medically necessary.