

Case Number:	CM15-0079117		
Date Assigned:	04/30/2015	Date of Injury:	01/16/2014
Decision Date:	05/29/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/24/2015

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: Massachusetts

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 46 year old male, who sustained an industrial injury on January 16, 2014. He reported neck pain with pain radiating to bilateral upper extremities. The injured worker was diagnosed as having status post cervical fusion and discectomy. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical spine, conservative therapy, medications and work restrictions. Currently, the injured worker complains of continued neck pain with associated stiffness. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 20, 2015, revealed continued pain as noted. Medications and physical therapy were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for the cervical spine qty:12.00:

Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant is more than one year status post work-related injury and underwent a multilevel anterior cervical decompression and fusion in December 2014 complicated by a pulmonary embolism. Medications include Norco being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Soma is being prescribed on a long-term basis. When seen, there was a question as to whether his fusion was complete. He was ready to begin physical therapy. Pain was rated at 6-7/10. He had stopped using a bone stimulator. He was taking Norco up to three times per day. Post surgical treatment after the claimant's surgery after maturation of the fusion includes up to 24 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. The request is consistent with guideline recommendations and therefore medically necessary.

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant is more than one year status post work-related injury and underwent a multilevel anterior cervical decompression and fusion in December 2014 complicated by a pulmonary embolism. Medications include Norco being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Soma is being prescribed on a long-term basis. When seen, there was a question as to whether his fusion was complete. He was ready to begin physical therapy. Pain was rated at 6-7/10. He had stopped using a bone stimulator. He was taking Norco up to three times per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain, which would be expected in this case. It is being prescribed as part of the claimant's ongoing management and he is planning to begin physical therapy after his surgery. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma), p29.

Decision rationale: The claimant is more than one year status post work-related injury and underwent a multilevel anterior cervical decompression and fusion in December 2014 complicated by a pulmonary embolism. Medications include Norco being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Soma is being prescribed on a long-term basis. When seen, there was a question as to whether his fusion was complete. He was ready to

begin physical therapy. Pain was rated at 6-7/10. He had stopped using a bone stimulator. He was taking Norco up to three times per day. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.