

Case Number:	CM15-0094617		
Date Assigned:	05/20/2015	Date of Injury:	08/18/2011
Decision Date:	06/29/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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 injured worker is a 45-year-old female, who sustained an industrial injury on 8/18/2011. Diagnoses have included sprain of ligament of elbow, cervical radiculopathy, cervicgia, strain of neck muscles and knee pain. Treatment to date has included physical therapy and medication. According to the progress report dated 3/31/2015, the injured worker reported significant improvement in her neck, right elbow and back pain with therapy. The pain was occasional but worse in the evening. She reported her pain as 2/10 at best and 9/10 at worst. The injured worker appeared to be in slight distress secondary to low back pain. There was moderate tenderness to palpation of the lumbar paraspinal musculature. There was mild to moderate tenderness to palpation of the knees, right elbow and wrist. The injured worker was temporarily very disabled. Authorization was requested for physical therapy for the cervical spine, Norco, Promethazine, Prilosec and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine qty. 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The date of injury was 8/18/11. The progress report dated 3/31/15 documented a history of neck, elbow, and knee complaints. The patient reported improvement in the neck, right elbow and back pain with therapy. She has been participating in her physical therapy program but still has additional sessions remaining. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The progress report dated 3/31/15 did not document the elements of functional improvement. The progress report dated 3/31/15 did not document the number of past PT physical therapy visits. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The progress report dated 3/31/15 documented that the patient has been participating in her physical therapy program but still has additional sessions remaining. The request for 12 additional PT physical therapy visits is not supported by MTUS guidelines. Therefore, the request for physical therapy is not medically necessary.

Promethazine 25 mg. qty. 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, last updated on 4/8/15.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Promethazine. Official Disability Guidelines (ODG) indicates that Promethazine (Phenergan) is

not recommended for nausea and vomiting secondary to chronic opioid use. The progress report dated 3/31/15 documented a history of neck, elbow, and knee complaints. No nausea was documented. No vomiting was documented. The request for Promethazine is not supported by ODG guidelines. Therefore, the request for Promethazine is not medically necessary.

Soma 350 mg. qty. 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page 29. Muscle relaxants Page 63-65.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) address muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. MTUS Chronic Pain Medical Treatment Guidelines state that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. The progress report dated 3/31/15 documented a history of neck, elbow, and knee complaints. The date of injury was 8/18/11. Medical records indicate the long-term use of Soma (Carisoprodol), which is not supported by MTUS guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. MTUS Chronic Pain Medical Treatment Guidelines state that Soma (Carisoprodol) is not recommended. MTUS and ACOEM guidelines do not support the use of Soma (Carisoprodol). Therefore, the request for Soma (Carisoprodol) is not medically necessary.