

Case Number:	CM13-0006948		
Date Assigned:	03/07/2014	Date of Injury:	02/13/2013
Decision Date:	04/07/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 75-year-old male with a 2/13/13 date of injury. At the time of request for authorization for additional physical therapy for the thoracic spine, 2 x a week for 4 weeks for a total of 8 sessions and Vicodin 5/500mg, Quantity: 100, with 2 refills, there is documentation of subjective (pain in the mid back and neck) and, objective (tenderness over the thoracic spine with spasms) findings, current diagnoses (thoracolumbar spine fracture/strain/sprain and bilateral lateral epicondylitis), and treatment to date (activity modification, physical therapy, and medications). Medical report's identify 24 authorized physical therapy visits, which exceeds guidelines. In addition, there is no documentation of objective improvement with previous treatment and statement of exceptional factors. Regarding Vicodin, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional improvement with use of Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY FOR THE THORACIC SPINE, 2 X A WEEK FOR 4 WEEKS FOR A TOTAL OF 8 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). The Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of thoracolumbar sprain/strain not to exceed 10 visits over 8 weeks. ODG also notes 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 a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of thoracolumbar spine fracture/strain/sprain. In addition, there is documentation of 24 physical therapy visits, which exceeds guidelines, functional deficits, and functional goals. Furthermore, there is no documentation of objective improvement with previous treatment and a statement of exceptional factors. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy for the thoracic spine, 2 x a week for 4 weeks for a total of 8 sessions is not medically necessary.

VICODIN 5/500MG, QUANTITY: 100, WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Vicodin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. The Official Disability Guidelines (ODG) identifies that the criteria for use of opioids include documentation of pain and functional improvement and compare to

baseline (satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life; and Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument). Within the medical information available for review, there is documentation of diagnoses of Final Determination Letter for IMR Case Number [REDACTED] thoracolumbar spine fracture/strain/sprain and bilateral lateral epicondylitis. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of records reflecting prescriptions for Vicodin since at least 2/20/13, there is no documentation of the intention to treat over a short course (less than 16 weeks). Furthermore, there is no documentation of functional improvement with use of Vicodin. Therefore, based on guidelines and a review of the evidence, the request for Vicodin 5/500mg, Quantity: 100, with 2 refills is not medically necessary.