

Case Number:	CM13-0016029		
Date Assigned:	10/11/2013	Date of Injury:	09/24/2004
Decision Date:	01/15/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has been Fellowship trained in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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:

The patient is a 48-year-old male who reported injury on 09/24/2004 with a mechanism of injury that was not provided. The patient was noted to have low back pain with radiation to the left lower extremity with intermittent numbness in the left leg. His straight leg raise was noted to be positive to the left at 70 degrees. The diagnoses were noted to include left lumbar radiculopathy with spontaneous aggravation requiring emergency room visit on 10/15/2010. MRI of 10/15/2010 showed minimal disc extrusion at L4-5 with spinal canal stenosis to 7 mm and moderate bilateral neural foraminal stenosis. Secondary diagnosis indicated the patient had gastrointestinal upset due to the use of pain medications. The request was made for 8 sessions of physical therapy, prescription of Norco 7.5/325 #90, Nexium 40 mg #30, and ketoprofen 50 mg #120 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated that the patient had a slightly antalgic gait and was noted to use a walking cane. The patient's lumbar spine was noted to have an active range of motion in flexion, extension, and left lateral flexion of 50% of normal. The patient was noted to have 80% of normal in right lateral flexion. The patient was noted to have slight to moderate paralumbar muscle spasm, greater on the right than the left. The straight leg raise test was noted to be positive to the left at 70 degrees in the sitting position, producing left posterolateral buttock and posterolateral thigh and leg pain. The right side was noted to be positive at 80 degrees, producing buttock and posterolateral thigh pain. It was noted that the physical therapy was indicated to decrease the patient's pain and improve function. It was noted it will allow the patient to do his activities of daily living more efficiently and sit, stand, and walk for longer periods of time. The request was noted to include Norco for pain, Nexium for GERD symptomatology due to pain medications, and ketoprofen for pain. The clinical documentation submitted for review, while indicating the patient, per the physician, had the necessity for physical therapy, failed to provide objective findings of functional deficits to support therapy. Additionally, as the patient was noted to have injury in 2004, he should be well-versed in a home exercise program. Given the above, the request for 8 sessions of physical therapy is not medically necessary.

Norco 7.5/325mg, #90.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review, while indicating the physician wished the patient to have the Norco for pain, failed to provide documentation of the 4 A's and, as such, the request for prescription of Norco 7.5/325mg, #90 is not medically necessary.

Nexium 40mg, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recommend treatment of dyspepsia secondary to NSAID therapy to include a PPI. The clinical documentation submitted for review indicated that the patient had stomach upset due to pain medication use. The request for Nexium 40mg, #30 is medically necessary.

Ketoprofen 50mg, #120, with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-72.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS guidelines recommend the use of the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Ketoprofen is an NSAID. The clinical documentation submitted for review failed to provide the efficacy of the requested medication and failed to provide the necessity for 1 refill. Additionally, this medication has been taken for an unknown duration of time and should be used for the shortest duration of time for the patient's treatment goals. Given the above, the request for prescription of Ketoprofen 50mg, #120, with 1 refill is not medically necessary.