

Case Number:	CM13-0019566		
Date Assigned:	10/11/2013	Date of Injury:	07/30/2001
Decision Date:	01/27/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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:

This is a 59 year-old male with a 7/30/01 industrial injury involving his neck and lower back. His permanent disability for the cervical spine precluded substantial work, and his lumbar spine was rated at a limitation to sedentary work. On 3/21/13, [REDACTED] felt the combination of cervical and lumbar disabilities would prevent the patient from returning to any type of gainful employment. [REDACTED] stated the medication regimen was appropriate. He stated the dosages should not increase, but remain stable, and if the dosages increase, [REDACTED] felt he should be referred to pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid Use Page(s): 88-89.

Decision rationale: On the 3/21/13 supplemental report, [REDACTED] stated that the medication regimen was appropriate. He stated the dosages should not increase, but remain stable, and if the

dosages increase. ██████ felt he should be referred to pain management. Regarding Norco, the records show the patient was using 5 tablets per day of Norco 10/325mg back on 3/14/2011. The 1/10/13 report from ██████ notes he is still on the same dose, and this is also documented in the 6/27/13 and 7/25/13 reports from ██████. The guidelines state that you should not attempt to lower the dose if it is working. The patient's dosage has not changed, remaining at Norco 10/325mg 5 tables per day for the last 3 years. The request to continue Norco is in accordance with the Chronic Pain Medical Treatment guidelines. Therefore, the requested Norco is medically necessary.

Physical therapy (8 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: On the 9/15/09 report, ██████ stated future medical care could include up to 8 sessions of physical therapy for the neck or low back for flare-ups. The guidelines state that 8-10 sessions of physical therapy are reasonable for various myalgias and neuralgias. The 5/30/13 report from ██████ states the patient has been authorized physical therapy in the pool and he is attending those visits. He still has eight more visits to do pool therapy and he is very pleased with the progress. His lower back pain continues to be a 7/10, radiates to the left leg with numbness and tingling in the foot. He states that attending physical therapy makes him very happy. The 6/27/13 report from ██████ states that physical therapy has helped immensely with endurance and strength, but the low back pain increased and now goes down the right leg. The 7/25/13 report states the patient is feeling depressed because he is not going to physical therapy, which means he is mainly staying at home and not meeting any new people. The physical therapy provided, at least 8 sessions, appears to have benefited the patient socially and emotionally, but there was no measurable improvement in function, and it worsened his pain and now the radiating symptoms includes both legs instead of just the left. Chronic Pain Medical Treatment Guidelines do not recommend continuing therapy if there is no functional improvement. The request for 8 sessions of physical therapy combined with the prior 8 sessions of physical therapy will exceed the guideline recommendations of 8-10 sessions. Therefore, the requested physical therapy is not medically necessary.