MAXIMUS Federal Services

Case Number:	CM13-0022963		
Date Assigned:	11/15/2013	Date of Injury:	06/02/2008
Decision Date:	01/31/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/11/2013

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 Family Practice 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 injured worker who reported an injury on 12/13/2006 and a subsequent injury on 06/02/2008. The patient has been diagnosed as having an L3-4, L4-5, and L5-S1 disc injury with facet pain and right lower extremity radiculopathy. There is no documentation stating the patient has undergone any physical therapy; however, it does state on the most recent clinical date of 09/11/2013 that the patient has been authorized for therapy. The patient has undergone intramuscular injections of Toradol for symptomatic relief. Pain complaints have been increased back and leg pain, with the physical examination noting the lumbar paraspinals are tender to palpation, with muscle spasm and guarding. The patient was able to flex to 40 degrees and extend to 30 degrees. Hamstrings were also tight bilaterally with it greater on the right. The physician is now requesting hydrocodone, decision for retrospective Toradol injection, and physical therapy 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone: 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 Opioids Page(s): 74-96.

Decision rationale: Under the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of opioids state that there should be reasonable alternatives to treatment having been tried prior to utilizing narcotics. It further states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The documentation states the patient has had complaints of increased back and leg pain. However, there is nothing indicating the patient has tried and failed any other forms of conservative modalities prior to utilizing opioids; with the exception of one Toradol injection for symptomatic relief. At this time, the medical necessity for the use of hydrocodone cannot be established. Furthermore, the physician has failed to indicate the dosage and the number of tablets to be distributed to the patient. The request for Hydrocodone is not medically necessary and appropriate.

Toradol injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 72. Decision based on Non-MTUS Citation http://www.drugs.com/drp/toradol-im-injection-iv-injection.html.

Decision rationale: Under California MTUS Chronic Pain Medical Treatment Guidelines, it states that "This medication is not indicated for minor or chronic painful conditions". It has also been listed as having a BOX WARNING pertaining to its use. Under Drugs.com it states that "TORADOL is a potent NSAID analgesic, and its administration carries many risks. The patient has had ongoing pain in multiple regions of their body. However, the medical necessity for a Toradol injection as opposed to other conservative modalities cannot be warranted. The request for Toradol injection is not medically necessary and appropriate.

Ten sessions of physical therapy: Upheld

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

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

Decision rationale: Under California MTUS Chronic Pain Medical Treatment Guidelines, it states that 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. As noted in the documentation, the patient had been noted as authorized for physical therapy as of 09/11/2013. However, there is no further documentation stating the patient has undergone any physical therapy between that time and the current review date. Therefore, at this time, it is unclear if the

additional 10 sessions of physical therapy would exceed maximum allowance, per California MTUS Guidelines. Under California MTUS, it states that patients are allowed 9 visits to 10 visits over 8 weeks for myalgia and myositis unspecified, and 8 visits to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. Therefore, at this time, the requested service cannot be warranted as there is no further documentation indicating the patient has already participated in some physical therapy that was previously authorized. The request for ten sessions of physical therapy is not medically necessary and appropriate.