

Case Number:	CM13-0026262		
Date Assigned:	11/22/2013	Date of Injury:	06/06/2001
Decision Date:	02/13/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/18/2013

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 is licensed to practice in Illinois and 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 44-year-old male who reported an injury on 06/06/2001. The mechanism of injury was not provided. The patient was noted to have a flare-up of low back pain and had to take off work. The patient was noted to be in no acute distress. The patient's diagnosis was noted to be stenosis of the lumbar spine, lumbar facet arthropathy, lumbar discogenic spine pain, and failed back surgery syndrome. The request was made for physical therapy and medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) physical therapy sessions to the lower back: Upheld

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

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

Decision rationale: The California MTUS Guidelines state 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. Treatment is recommended with a maximum of 9-10 visits for myalgia and

myositis. The clinical documentation submitted for review indicated the patient had a flare-up of low back pain. There was a lack of documentation indicating the patient's previous therapies and the patient's functional response to therapy. The patient was noted to have failed back surgery syndrome and as such, would have participated in physical therapy. The patient should be well versed in a home exercise program. Given the above, the request for 6 physical therapy sessions to the lower back is not medically necessary

Ibuprofen 800 mg #90 with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-prescription Section Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend nonprescription medications including Ibuprofen for the treatment of pain and inflammation. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for 1 refill and the necessity for 90 tablets. Given the above, the request for ibuprofen 800 mg #90 with 1 refill is not medically necessary.

Vicodin 5/500 mg #90 with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin Section; Ongoing Management Section Page(s): 75;78.

Decision rationale: The California MTUS Guidelines recommend short acting opioids such as Vicodin 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 failed to provide documentation of the "4 A's" to support ongoing usage and failed to indicate the necessity for 90 tablets and a refill of the medication. Given the above, the request for Vicodin 5/500 mg #90 with 1 refill is not medically necessary.