

Case Number:	CM13-0037649		
Date Assigned:	05/21/2014	Date of Injury:	01/10/2008
Decision Date:	07/14/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/24/2013

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 Occupational Medicine, 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:

The patient is a 50-year-old who has submitted a claim for herniated C5-6 with left sided radiculopathy and protruding L4-5 with left sided radiculopathy, associated with an industrial injury date of January 10, 2008. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated November 11, 2013, showed persistent neck and low back pain. Physical examination revealed tenderness and spasm both for the cervical and lumbar spine. There was limited range of motion of both cervical and lumbar spine with pain reproduced with motion. Treatment to date has included 6 sessions of physical therapy of neck and low back and medications which include Xanax since June 2013 and Norco since September 2013. Utilization review from December 5, 2013 denied the request for physical therapy 3x/week x 4weeks, neck and lower back because there was no documentation of functional improvement gained from the physical therapy visits. Utilization review from October 15, 2013 denied the request for Xanax 0.25mg #60 because it was not supported for long-term use due to unproven efficacy and risk of dependence. The request for Norco 10/325mg #120 was denied because the documentation did not provide functional benefit with ongoing use. There was no record of UDS (urine drug screen) to monitor compliance and screen for aberrant behavior, and no record of signed opiate agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TREE (3) TIMES A WEEK FOR FOUR (4) WEEKS, NECK AND LOWER BACK: 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 Physical Medicine Page(s): 98-99.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, active therapy is recommended 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. In addition, guidelines allow for fading of treatment frequency from up to three visits per week to one or less plus active self-directed home physical medicine. In this case, the patient completed six sessions of physical therapy since October 2013. The rationale for requesting additional physical therapy is for symptom relief and training in a home exercise program. However, there is no clear documentation of functional improvement derived from the previous sessions. The request for physical therapy for the neck and lower back, three times weekly for four weeks, is not medically necessary or appropriate.

XANAX 0.25 MG #60: 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 Benzodiazepines Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance develops with long-term use. In this case, patient has been on Xanax since June 2013 for anxiety. Utilization review, dated July 1, 2013, certified Xanax for tapering or weaning supply. The Chronic Pain Medical Treatment Guidelines do not support its long-term use and weaning from this medication was already established. The request for Xanax 0.25 mg, sixty count, is not medically necessary or appropriate.

NORCO 10-325MG #120: 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, On-Going Management Page(s): 79-81.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been on Norco since September 2013. However, recent progress reports revealed no documentation of functional benefit from it or urinary drug screening for monitoring compliance of the said medication. The Chronic Pain Medical Treatment Guidelines require clear and concise documentation for continuing opioid management. The request for Norco 10-325mg, 120 count, is not medically necessary or appropriate.