

Case Number:	CM13-0038994		
Date Assigned:	06/06/2014	Date of Injury:	02/22/2013
Decision Date:	07/12/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/03/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 injured worker is a 55-year-old who reported an injury on February 22, 2013 due to cumulative trauma. On September 16, 2013 he had reported pain being the same rated at a 5/10 neck pain radiating into the back, and ringing in his ears. A physical exam on September 16, 2013 revealed that he had normal reflex, sensory and power testing in bilateral upper and lower extremities, Straight leg raise and Spurling's sign were both negative bilaterally, and diffuse cervical, thoracic and lumbar tenderness was noted. An MRI done on March 27, 2013 revealed C5-6 and C6-7 spondylosis with disc bulge and spondylolisthesis with discogenic changes and spinal stenosis at L4-5 and an L2-3 disc bulge. X-rays done on July 17, 2013 showed L4-5 spondylolisthesis with collapse at the L4-5 level and spondylosis at C5-6 and C6-7 with disc space narrowing. Diagnoses included Musculoligamentous sprain/strain at the cervical spine, thoracic spine and lumbar spine, cervical disc bulges/herniation at C5-6 and C6-7, L4-5 spondylolisthesis with instability and Tinnitus. Past treatments used were physical therapy and medication. Medications included Norco 10/325 MG # 90 1 tablet every 4-6 hours as needed for pain, Anaprox-DS 550mg #90 1 tablet twice a day for inflammation, Menthoderm ointment 120ml up to twice a day to affected area, Fexmid 7.7mg #60 1 tablet 3 times daily, and Ultram #60 1 capsule once a day. The treatment plan is for 8 sessions of physical therapy for the spine and Norco 10/325 mg 90 Tabs. The request for authorization form was included for review and signed on August 1, 2013.

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 FOR THE SPINE (CERVICAL, THORACIC, LUMBAR): 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): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Physical Medicine.

Decision rationale: In the documentation provided for review, it was noted that the injured worker had 6 visits of physical therapy. The Chronic Pain Medical Treatment Guidelines state that fading of treatment frequency is recommended plus active home physical medicine. The request for 8 does not follow the recommendation for reducing frequency. Also, it was noted in an evaluation given for review on July 23, 2013 that the injured worker should have been able to perform all of his activities of daily living and work duties without restrictions. The Official Disability Guidelines states that physical therapy should be an option when there is evidence of a musculoskeletal or neurologic condition that is associated with functional limitations. The request for eight sessions of physical therapy for the spine is not medically necessary or appropriate.

NORCO 10/325MG, NINETY TABLETS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76,78.

Decision rationale: Short acting opioids such as Norco are often used for intermittent or breakthrough pain. According to the Chronic Pain Medical Treatment Guidelines, initiating opioid therapy guidelines states that if partial analgesia is not obtained, opioids should be discontinued. In addition, the Chronic Pain Medical Treatment Guidelines ongoing opioids management guidelines states that four domains should be used to monitor chronic pain patients on opioids (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation provided stated that the injured worker reported on September 16, 2013 that his pain was "the same" indicating that he had no pain relief. Also, there was no documentation provided addressing adverse side effects to the medication. The request for Norco 10/325 mg, ninety tablets, is not medically necessary or appropriate.