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| Case Number: | CM13-0042465 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/15/2012 |
| Decision Date: | 06/04/2014 | UR Denial Date: | 10/07/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

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 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 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 51 year old male with date of injury 5/15/12. The treating physician report dated 9/8/13 indicates that the patient presents with lumbar pain. The current diagnoses are lumbosacral strain and wrist pain. The utilization review report dated 10/7/13 denied the request for Norco 10/325 #60, Flexeril 10mg #30, Protonix 20mg #30, Orudis 75mg #30 and physical therapy 2x6 based on lack of medical documentation to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88-89.

Decision rationale: The patient presents with lumbosacral pain. The current request is for Norco 10/325 #60. The treating physician report is hand written using check boxes and is very limited in providing any clinical information. The objective findings state, "L/S tenderness." The treatment plan states, "Consult with Dr. on 10/7/13, physical therapy 2x6, Cont

medications." The California MTUS guidelines regarding Norco on pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." California MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. California MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. The documentation provided is inadequate to show medication efficacy and the provider has failed to meet the California MTUS guidelines. Recommendation is for denial.

FLEXERIL 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-66.

Decision rationale: The patient presents with lumbosacral pain. The current request is for Flexeril 10mg #30. The treating physician report is hand written using check boxes and is very limited in providing any clinical information. The objective findings state, "L/S tenderness." The treatment plan states, "Consult with Dr. on 10/7/13, physical therapy 2x6, Cont medications." The California MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. It appears that the patient has been prescribed this medication on an on-going basis. California MTUS does not support on-going, long-term use of this medication. Recommendation is for denial.

PROTONIX 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The patient presents with lumbosacral pain. The current request is for Protonix 20mg #30. There is no documentation from the treating physician report dated 9/18/13 to indicate that the patient is suffering from dyspepsia. The provider only states, "L/S pain." The California MTUS guidelines on p69 states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The provider has failed to document the medical necessity of this request for Protonix. Recommendation is for denial.

ORUDIS 75MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific Drug List & Adverse Effects Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73.

Decision rationale: The patient presents with pain affecting the lumbosacral spine. The current request is for Orudis 75mg #60. There is no clinical information provided to indicate how long the patient has been utilizing this NSAID medication or the functional benefits of the usage. The California MTUS guidelines state that NSAIDS are recommended for the treatment of osteoarthritis. The provider in this case has provided very limited documentation to support this request and has diagnosed the patient with a lumbosacral strain. There is no information reported to indicate the medical necessity of the current request. Recommendation is for denial.

PHYSICAL THERAPY 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The patient presents with pain affecting the lumbosacral spine. The current request is for physical therapy 2x6. The 9/18/13 treating physician report states that the patient has, "L/S tenderness." There is no other information to indicate why physical therapy is required at this time. The California MTUS guidelines allow 8-10 therapy visits for this type of diagnosis. The current request for 12 sessions exceeds what MTUS allows for this type of condition. The request also lacks rationale for treatments such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for physical therapy at this juncture. Recommendation is for denial.