

Case Number:	CM13-0046614		
Date Assigned:	12/27/2013	Date of Injury:	07/08/2003
Decision Date:	03/07/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/12/2013

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. 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 43-year-old male who reported an injury on 07/08/2003. The patient is diagnosed with acute lumbar strain and status post posterior spinal fusion, solid arthrodesis, with hardware removal. The patient was seen by [REDACTED] on 10/21/2013. The patient reported increasing lower back pain. Physical examination revealed significant tenderness to palpation with decreased range of motion. Treatment recommendations included continuation of Norco, Soma, and Lidoderm as well as physical therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Qty 12: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the

documentation submitted, the patient's physical examination on the requesting date of 10/21/2013 only revealed decreased range of motion with flexion and extension and tenderness to palpation. Documentation of a significant musculoskeletal or neurological deficit was not provided. The patient has been participating in a home exercise program following lumbar surgery. Additionally, the request for 12 sessions of physical therapy exceeds guideline recommendations. Based on the clinical information received and the Chronic Pain Medical Treatment Guidelines, the request is non-certified

Norco 10/325mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Evidence of a failure to respond to nonopioid analgesics prior to the initiation of an opioid was not provided. Despite ongoing use, the patient continues to report increasing back pain. Satisfactory response to treatment has not been indicated. Therefore, the continuation cannot be determined as medically appropriate. As such, the request is non-certified

Soma 350mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 124.

Decision rationale: Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. Soma should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. There was no documentation of a palpable muscle spasm, spasticity, or muscle tension upon physical examination. As guidelines do not recommend long term use of this medication, the current request is not medically appropriate. Therefore, the request is non-certified.

Lidoderm Patch 5% Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient did not demonstrate signs or symptoms of neuropathic or peripheral nerve pain. Additionally, there was no indication of a failure to respond to first line oral medication with antidepressants and anticonvulsants prior to the initiation of a topical analgesic. Based on the clinical information received and the Chronic Pain Medical Treatment Guidelines the request is non-certified.