

Case Number:	CM13-0051508		
Date Assigned:	12/27/2013	Date of Injury:	01/08/2013
Decision Date:	03/12/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/14/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 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 39-year-old male who reported an injury on 01/08/2013. The patient is currently diagnosed with other and unspecified, disc disorder of the cervical region, displacement of lumbar intervertebral disc without myelopathy, carpal tunnel syndrome, and medial epicondylitis. The patient was seen by [REDACTED] on 10/04/2013. The patient reported ongoing pain in the bilateral lower extremities, low back, and neck. The physical examination revealed tenderness in the left suprascapular area, positive straight leg raising and 2+ deep tendon reflexes. The treatment recommendations included continuation of current medications and physical therapy twice per week for 3 to 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone: Upheld

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

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

Decision rationale: The California MTUS 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. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain over multiple areas of the body. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, continuation cannot be determined as medically appropriate. As such, the request is non-certified.

Physical therapy, lower back area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG Low Back

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

Decision rationale: The California MTUS 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. The patient has previously completed a course of physical therapy. Documentation of significant improvement was not provided for review. Despite ongoing therapy, the patient continued to report moderate pain and difficulty. Additionally, the patient's physical examination on the requesting date of 10/04/2013 only revealed positive straight leg raising. There was no documentation of significant musculoskeletal or neurological deficit. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.