

Case Number:	CM13-0059517		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2002
Decision Date:	05/20/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/02/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 8, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; adjuvant medications; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of November 8, 2013, the claims administrator partially certified a request for Norco for weaning purposes and denied a request for three additional sessions of physical therapy. The applicant's attorney subsequently appealed. A clinical progress note of October 9, 2012 was apparently notable for comments that the applicant was using Prozac, Protonix, Naprosyn, Neurontin, Soma, Vicodin, and a TENS unit at that point in time. In a December 5, 2013 progress note, the applicant was described as using Naprosyn, Neurontin, Prozac, and Protonix. He was apparently status post gastric bypass, it was incidentally noted. A November 7, 2013 progress note was notable for comments that the applicant was using Prozac for depression, Tramadol as a first-line pain medication, and Norco 5 mg for more severe pain. The applicant was using Protonix for gastric upset. On this occasion, the applicant was given prescriptions for Prozac, Protonix, Tramadol, Norco 5/325, and Soma. The applicant is also using a TENS unit. The applicant's work status was not clearly stated. On October 3, 2013, the applicant was described as having a flare-up of pain and was given Prozac, Neurontin, Protonix, Ultracet, Norco 10/325, Soma 350 mg, and a TENS unit. It was stated that three sessions of physical therapy should be employed to treat an acute flare of chronic pain if the applicant is unable to independently resolve through his home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen.

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

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible of dose of opioid should be prescribed to improve pain and function. In this case, the applicant is described as using a variety of opioid and nonopioid agents, including Norco 5/325, Norco 10/325, Ultracet, etc., at various points in time. The attending provider has not reconciled the need for both Norco 5/325 and Norco 10/325, as well as the concomitant usage of Tramadol and Soma. While this may, in part, simply represent a typographic error as the attending provider may have written Norco 5/325 on some occasions and Norco 10/325 on other occasions, this has not been clearly articulated or explained. Accordingly, the request remains not medically necessary, on independent medical review, as it is difficult to support provision of so many different short-acting opioid agents.

THREE (3) SESSIONS OF PHYSICAL THERAPY: Overturned

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

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

Decision rationale: As noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, and tapering or fading the frequency of treatment over time are all recommended. In this case, the applicant was described as having an acute flare of chronic pain and was apparently in need of a few sessions of treatment so as to reinstitute a home exercise program. This is an appropriate usage of physical therapy in the chronic pain phase of the injury. Accordingly, the original utilization review decision is overturned. The request is medically necessary, on independent medical review.