

Case Number:	CM13-0060181		
Date Assigned:	12/30/2013	Date of Injury:	10/28/1981
Decision Date:	06/19/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/03/2013

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 and is licensed to practice in Texas and Ohio. 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 an 88 year old male with an injury reported on 10/28/1981. The mechanism of injury was noted as a fall. The clinical note dated 01/07/2014, reported that the injured worker complained of chronic low back pain. The injured worker had severe thoracic kyphotic curvature of the spine upon physical examination. The injured worker's lumbar range of motion demonstrated 50 degrees of forward flexion and lateral flexion to 30 degrees. The injured worker's prescribed medication list included Opana 40 mg twice daily, norco for breakthrough pain, celebrex, methadone, tamsulosin, theragra-M, omeprazole. It was noted that the injured worker was able to do limited household work only. The injured worker's diagnoses included GERD, COPD, mastoid 1935; back surgery 1981; aneurysm 1993; foot surgery 2009; hip replacement-left 2001. The request for authorization was submitted on 11/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker complained of chronic low back pain. It was noted the injured worker has severe thoracic kyphotic curvature of the spine. The injured worker's lumbar range of motion demonstrated 50 degrees of forward flexion and lateral flexion to 30 degrees. The injured worker's prescribed medication list included Opana 40 mg twice daily, norco for breakthrough pain, celebrex, methadone, tamsulosin, theragra-M, omeprazole. The CA MTUS guidelines recognize 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Within the provided documentation an adequate and complete assessment of the injured workers functional condition was not provided; it was unclear if the injured worker had significant functional deficits. It was noted the injured worker had previous sessions of physical therapy; however, there is a lack of clinical information provided indicating the amount of sessions completed and indicating whether the injured worker had any documented functional improvement. Therefore, the request is not medically necessary.

OPANA ER 40MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, specific drug list, page(s) 91, 93 and Opioid.

Decision rationale: The injured worker complained of chronic low back pain. It was noted the injured worker has severe thoracic kyphotic curvature of the spine. The injured worker's lumbar range of motion demonstrated 50 degrees of forward flexion and lateral flexion to 30 degrees. The injured worker's prescribed medication list included Opana 40 mg twice daily, norco for breakthrough pain, celebrex, methadone, tamsulosin, theragra-M, omeprazole. The CA MTUS guidelines state Opana ER is not intended for prn use. Patients are to avoid alcohol while on Opana ER due to increased (possibly fatal) plasma levels. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. It was noted that the injured worker utilizes opana ER, methadone, and norco for his pain. There is a lack of clinical evidence provided to determine efficacy of opana ER on the injured worker's pain. In addition, it was unclear if the injured worker gained any additional function from the use of the pain medication. Therefore, the request is not medically necessary.

PURCHASE OF A FITTED LUMBOSACRAL ORTHOSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The injured worker complained of chronic low back pain. It was noted the injured worker has severe thoracic kyphotic curvature of the spine. The injured worker's lumbar range of motion demonstrated 50 degrees of forward flexion and lateral flexion to 30 degrees. According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines on lumbar support (corset) is not recommended for the treatment of low back disorders. The guidelines also state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As the guidelines do not recommend the use of lumbar supports for the treatment of low back disorders and they have not been shown to have any lasting benefit beyond the acute phase of symptom relief, a fitted lumbosacral orthosis would not be indicated. Therefore, the request is not medically necessary.