

Case Number:	CM13-0062278		
Date Assigned:	12/30/2013	Date of Injury:	09/04/2011
Decision Date:	08/14/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 injured worker is a 54-year-old male who reported an injury on 09/04/2011. The mechanism of injury was not provided within the documentation. Prior treatments were noted to be medications, trigger point injections, and transcutaneous electrical nerve stimulation unit. The injured worker's diagnosis was noted to be myofascial sprain/strain of the lumbosacral spine. A clinical evaluation on 05/12/2014 notes the injured worker had complaints of pain in the lower back and also left groin. Pain rating on a 0 to 10 scale was an 8. Pain medication use included Norco. The objective findings included an evaluation of the lumbosacral spine. The injured worker had decreased lordosis, tenderness to palpation in the lumbosacral spine and paraspinal muscles with minimal stiffness, and no spasm. Range of motion was painful in flexion, extension, and lateral rotation was restricted. Straight leg raise in the sitting and supine was negative. The neurological examination indicated radicular pain in the L4-5 and L5-S1 distribution, left was worse than right. The treatment plan included prescription of Norco and a followup appointment. The provider's rationale for the request was partially provided within the documentation. The Request for Authorization for Medical Treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG #90: Upheld

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

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

Decision rationale: The request for Norco 5/325 mg quantity 90 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include 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. The clinical evaluation presented with review fails to provide an adequate pain assessment. It is not documented that Norco has been effective. The evaluation failed to document signs and symptoms or a urine drug screen. In addition, the provider's request fails to indicate a frequency. Therefore, the request for Norco 5/325 mg quantity 90 is non-certified.

PHYSICAL THERAPY 2X A WEEK FOR 3 WEEKS FOR THE LUMBAR SPINE:
Upheld

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

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

Decision rationale: The request for physical therapy 2 times a week for 3 weeks for the lumbar spine is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical medicine. 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. 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. Physical medicine guidelines allow for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines allow for 9 to 10 visits over 8 weeks. The clinical evaluation on 05/12/2014 fails to adequately address range of motion values and motor strength scores. In addition, the evaluation does not provide objective data for functional

deficits. Therefore, the request for physical therapy 2 times a week for 3 weeks for the lumbar spine is non-certified.