MAXIMUS Federal Services

Case Number:	CM13-0066615		
Date Assigned:	01/03/2014	Date of Injury:	05/30/2012
Decision Date:	04/22/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/17/2013

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 & 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 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 60-year-old female who reported an injury on 05/30/2012. The mechanism of injury involved a fall. The patient is currently diagnosed with cervical disc disease, low back pain, right CMC arthritis, right knee meniscal injury, and left heel plantar fasciitis. The patient was seen by [redacted] on 11/21/2013. The patient reported persistent pain over multiple areas of the body. Physical examination revealed positive scoliosis, full range of motion of the lumbar spine, full range of motion of bilateral hips, knees, and ankles, intact sensation, and an antalgic gait. The patient also demonstrated 75% range of motion in the cervical spine with tightness of the right trapezius. Treatment recommendations included physical therapy twice per week for 2 weeks, then once per week, a right CMC splint, and continuation of current medications including propranolol and morphine sulfate IR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty (30) Propranolol 60 mg with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Diabetes Chapter, Hypertension Treatment.

Decision rationale: The Official Disability Guidelines indicate that propranolol is a first line, fourth edition beta-blocker often used for treatment of hypertension after lifestyle modifications. According to the documentation submitted, the employee utilizes this medication for migraine prophylaxis. However, there are no Guideline recommendations for the use of propranolol ER for migraine prophylaxis. There is no evidence of a functional improvement despite the ongoing use of this medication. Based on the clinical information received and the Official Disability Guidelines, the request for 30 Propanolol 60mg with two refills is non-certified.

Thirty (30) morphine sulfate IR: Upheld

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

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

Decision rationale: The MTUS Guidelines indicate that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The employee has continuously utilized this medication. Despite ongoing use, the employee continues to report persistent pain over multiple areas of the body. Based on the clinical information received, the request for 30 morphine sulfate IR is non-certified.

Four (4) sessions of physical therapy: Upheld

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

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

Decision rationale: The MTUS Guidelines indicate that 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. According to the documentation submitted, the employee's physical examination does not reveal any significant musculoskeletal or neurological deficit that would warrant the need for skilled physical medicine treatment. Additionally, it is noted that the employee has previously participated in 2 months of physical therapy, which aggravated the employee's symptoms. Based on the clinical information received, the request for four sessions of physical therapy is non-certified.

Physical Therapy once a week: Upheld

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

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

Decision rationale: The MTUS Guidelines indicate that 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. According to the documentation submitted, the employee's physical examination does not reveal any significant musculoskeletal or neurological deficit that would warrant the need for skilled physical medicine treatment. Additionally, it is noted that the employee has previously participated in 2 months of physical therapy, which aggravated the employee's symptoms. There is no documentation of a previous course of therapy with total treatment duration and treatment efficacy. Based on the clinical information received, the request for physical therapy once a week is non-certified.