

Case Number:	CM13-0067628		
Date Assigned:	01/03/2014	Date of Injury:	03/10/2010
Decision Date:	08/14/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/18/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 65-year-old male who reported an injury on 03/10/2010. The mechanism of injury was a physical assault by a student. His prior treatments were noted to be surgery, medications, injections, and physical therapy. His diagnosis was noted to be lumbar disc displacement without myelopathy. The injury worker had a postoperative visit on 12/17/2013. He was status post a lumbar epidural steroid injection. He reported a decrease in back and left leg pain from an 8/10 now down to 6/10. The objective findings included the injured worker well developed, well nourished, and in no cardio respiratory distress. In addition, it is noted that the injured worker was alert and oriented x3. He ambulated to the examination room without assistance. The treatment plan included a follow-up appointment in 3 weeks to monitor the effectiveness of the recent lumbar epidural steroid injection. The provider's rationale for the requested physical therapy and Norco was not provided in the most recent clinical evaluation. A request for authorization for medical treatment was dated 12/04/2013 for the request of additional physical therapy to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY LEFT SHOULDER X8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home medicine. The guidelines allow for 9 to 10 visits over 8 weeks. The documentation provided does not indicate the number of visits used prior to this request for additional physical therapy. In addition, the evaluation fails to provide objective functional deficits, range of motion values, and motor strength scores. The evaluation also fails to indicate efficacy of prior physical therapy. Therefore, the request for additional physical therapy to the left shoulder x8 is not medically necessary.

HYDROCODONE-NORCO 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

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

Decision rationale: The California 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 (or non-adherent) 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. A pain assessment should include the 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. A 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 dated 12/17/2013 does not provide an adequate pain assessment. It is not noted that Norco provides efficacy. In addition, the provider's request fails to note a frequency. Therefore, the request for Hydrocodone-Norco 10/325 mg quantity 90 is not medically necessary.