

<b>Case Number:</b>	CM14-0009430		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	10/08/1998
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 73-year-old male who reported an injury on 10/08/1998. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be medications and physical therapy. The injured worker's diagnosis was noted to be lumbago. The injured worker presented for a clinical evaluation on 03/18/2014. He complained of severe back pain, stating Norco was ineffective, and that pain was running down the right leg with a pain score ranging from 2 to 8/10. The injured worker indicated the best position was in his recliner and it was painful if he had to move. The injured worker had not been on any Gabapentin or other neuropathic pain relievers. The physical exam noted the injured worker with normal motor strength and tone. There was tenderness and limited range of motion. The examination of the spine noted abnormal lordosis. The treatment plan included an order for Cymbalta and a followup appointment. The provider's rationale for the request was partially provided within the documentation. A Request for Authorization was dated 01/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 5/325MG # 60:** 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:** MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for on-going 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 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 documentation provided for review fails to provide an adequate pain assessment. In addition, the injured worker has been using Norco and reported in the evaluation submitted for review that the Norco was ineffective for his pain control. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain; the least reported pain over the period since the 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 injured worker reported no efficacy with the use of Norco. The pain assessment is inadequate, according to the guidelines for opioid on-going management. The provider's request for Norco failed to provide a frequency. Therefore, the request is not medically necessary.

**PHYSICAL THERAPY TIMES TWELVE:** 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:** MTUS Chronic Pain Medical Treatment Guidelines recommend physical medicine. Guidelines state 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. 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 a medical provider such as verbal, visual, and/or tactile instruction. 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 exercises can include exercises with or without mechanical assistance or resistance in functional activities with assistive devices. The physical medicine guidelines allow for 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 up to 10 visits over 8 weeks. The injured worker has already completed 6 visits of physical therapy. It is not documented if those 6 visits provided efficacy for range of motion, motor strength, or functional limitations. The provider's request for physical therapy x 12 fails to provide a duration of therapy in the request. The request for 12 sessions is in excess of the recommendation by the guidelines. Therefore, the request is not medically necessary.

**MRI LOW LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. The Official Disability Guidelines state MRIs are recommended for indications such as: back pain, suspicion of cancer, infection, and red flags. MRIs are indicated for uncomplicated low back pain with radiculopathy after at least 1 month of conservative therapy and sooner if severe or progressive neurological deficits occur. The guidelines continue to recommend MRIs for indication of prior lumbar surgery, myelopathy, traumatic or painful sudden onset, or slowly progressive infectious disease pain. In addition, MRIs are indicated for oncology patients and postsurgery patients to evaluate the status of a fusion. The documentation provided for review fails to provide an adequate neurologic assessment. Additional documentation would need to be provided before the consideration of an MRI. Therefore, the request is not medically necessary.