

Case Number:	CM14-0009457		
Date Assigned:	02/14/2014	Date of Injury:	06/01/1988
Decision Date:	06/24/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	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 Orthopedic Surgery, 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 69-year-old male who was injured on June 1, 1998. The mechanism of injury is not specified. On December 18, 2013, the injured worker is documented as presenting with worsening low back pain rated as 9/10 on the visual analog scale (VAS) and diminished function including difficulty walking. The injured worker reports the medications help improve function of help with the pain. Current medications are documented as Norco 7.5/325 mg twice daily, docusate sodium, Senna, Methadose, ibuprofen, baby aspirin, Senna-Gen NF. The physical examination does not examine the low back. The neurologic exam documents normal sensation and equivalent reflexes bilaterally in the lower extremities, although Achilles tendon reflexes are absent. Current diagnoses include failed back surgery syndrome. The examination dated October 23, 2013 documents similar complaints of pain ratings. The pain ratings from the two aforementioned appointments are elevated from the August 28 evaluation which document pain at 8/10 on the visual analog scale (VAS). The utilization review in question was rendered on January 17, 2014. The reviewer modified the request for Mehtadose from 90 tablets to 45 tablets, modified the request for 90 tablets of Norco 7.5/325mg with one refill to 30 tablets with no refills, and the request for 16 physical therapy visits for the low back was modified to 10 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADOSE 10MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS FOR CHRONIC PAIN,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) guidelines recommend the use of opiates as a 2nd line agent in the treatment of chronic low back pain for short periods of time. Based on clinical documentation provided, injured worker has been on these medications chronically. Additionally, over a two month span the injured worker is reporting increased pain and diminished function despite continuing doses of methadone and Norco. The request for Methadose 10mg, ninety count, is not medically necessary or appropriate.

NORCO 7.5*325MG, #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS FOR CHRONIC PAIN,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) guidelines recommend the use of opiates as a 2nd line agent in the treatment of chronic low back pain for short periods of time. Based on clinical documentation provided, injured worker has been on these medications chronically. Additionally, over a two month span the injured worker is reporting increased pain and diminished function despite continuing doses of methadose and Norco. The request for Norco 7.5/325mg sixty count, with one refill, is not medically necessary or appropriate.

PHYSICAL THERAPY SESSIONS FOR THE LOWER BACK, #16: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES,

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

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) guidelines support up to ten physical therapy visits in the management of chronic low back pain for myositis or radiculitis. The request for sixteen physical therapy sessions for the lower back is not medically necessary or appropriate.