

<b>Case Number:</b>	CM14-0012905		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	04/21/1994
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Occupational Medicine, 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 patient is a 65-year-old female who has submitted a claim for mononeuritis of lower limb, displacement of lumbar intervertebral disc without myelopathy, neuralgia, neuritis, radiculitis, and lumbago, associated with an industrial injury date of April 21, 1994. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 02/12/2014, showed low back, feet, arms, and leg pain with a pain score of 7-8/10. Physical examination revealed a midline laminectomy scar. The alignment of the major joints and spine was symmetrical. There were no signs of muscle atrophy, swelling, tenderness or crepitus. Range of motion revealed no restrictions or instability related to ligamentous laxity. Muscle strength in all muscle groups was 5/5. There were no sensory deficits noted. Treatment to date has included lumbar laminectomy (2005), spinal stimulator and medications such as Norco and Arthrotec since August 2013. Utilization review from 01/29/2014 modified the request from the purchase of Norco 10/325mg #120 to the purchase of Norco 10/325mg #60 because there was a lack of documentation to indicate the efficacy of the prior use of narcotics in terms of reducing the patient's pain symptoms and the increased ability to participate in activities of daily living. Also, there was no documentation of functional improvements in ADLs as a result of the present narcotics. The request for physical therapy 18 sessions was denied because the medical history and examination did not provide sufficient details to support another course of physical therapy. The deficits to be addressed, measurable goals, and a reasonable timetable to reach these goals were not provided. There was no documentation of patient participation in home exercise program. There were no clinical findings to indicate that additional skilled physical therapy would be of greater benefit than an independent home exercise program. The request for the purchase of Arthrotec 75/200mg #60 was denied because there was no documentation of

functional improvement and reduction of pain from this medication. Also, the patient has a history of kidney failure.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**NORCO 10/325MG, #120:** Overturned

**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 Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related 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. In this case, patient has been on Norco since August 2013. The most recent progress report cited that the prescribed medications help with managing pain. The patient has been compliant and exhibits no aberrant behavior. Urine drug screens have been consistent with prescribed medications. No intolerable side effects were associated. The guideline criteria were met. Therefore, the request for Norco 10/325mg #120 is medically necessary.

**PHYSICAL THERAPY QTY: 18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

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

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, 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. In this case, a progress report dated 01/15/2014, requested PT for strengthening of the core and lower extremities. However, the recent progress reports revealed there were no significant functional deficits to support the need for PT. Moreover, the present request failed to specify the body part to be treated. The request is incomplete; therefore, the request for physical therapy of 18 sessions is not medically necessary.

**ARTHROTEC 75/200MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, hypertension and renal function Page(s): 67, 69.

**Decision rationale:** Arthrotec is a brand name for Diclofenac with Misoprostol. Page 67 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose, for the shortest period, in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. There is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Arthrotec since August 2013. The most recent progress report cited that the prescribed medications help with managing pain. However, a progress report, dated 02/03/2014 revealed a previous admission to a hospital secondary to kidney failure. According to page 69 of the CA MTUS Chronic Pain Medical Treatment Guidelines, all NSAIDs are relatively contraindicated in patients with renal insufficiency. Moreover, long-term use is not recommended. Therefore, the request for purchase of Arthrotec 75/200mg #60 is not medically necessary.