

Case Number:	CM14-0014065		
Date Assigned:	02/26/2014	Date of Injury:	07/12/2008
Decision Date:	10/02/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 Mississippi. 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 records reflect that this 57-year-old male was injured on July 12 2008. Treatment has included an anterior cervical fusion from C4 through C7. A lumbar fusion has also been completed. Multiple physical therapy visits have been completed. A weaning protocol for the narcotic medications was to have begun in January. The letter of appeal indicated the concern of the treating physician was that the reviewing provider was not licensed in the state of California. Specific clinical issues were not addressed. It was noted that additional physical therapy for the low back, non-steroidal medications, analgesic preparations and protein pump inhibitors were not certified in the preauthorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 X 6 Sessions, Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Under American College of Occupational and Environmental Medicine (ACOEM), the standards for postoperative physical therapy for a surgically treated lumbar spine is limited to 24 visits over a 16 week period after the surgery. When noting the date of surgery,

that parameter has been exceeded. Furthermore, the progress notes presented for review do not indicate that there is any significant ongoing pathology (other than the well-healed fusion mass) and transition to home exercise protocol would be supported. Therefore, based on the clinical information presented for review noting the date of surgery and the current physical examination, there is no clinical indication for additional physical therapy this time. It is clear there are ongoing complaints of pain, however, It is not clear that these cannot simply be addressed with a home exercise protocol.

Retrospective Doral 15 MG QHS #30 Dispensed 1/2/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, this medication is a benzodiazepine sleep hypnotic indicated for short-term utilization alone. Furthermore, there is no objectification of significant sleep issues. Therefore, when considering the significant problems with addiction and tolerance, an indefinite utilization of this medication is not supported or clinically indicated.

Norco 10/325 MG Every 4-6 Hours As Needed #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: The records reflect that the lumbar fusion surgery was completed nearly a year ago. There is no indication this fusion mass has not healed solidly. Furthermore, a determination was made to initiate a weaning protocol nearly six months previously. Given that there is no clear clinical indication for chronic pain protocol, noting that the cervical fusion and lumbar fusion appears to have healed and that the long-term efficacy of this medication relative to chronic back pain has an uncertain efficacy greater than 16 weeks, there is limited clinical information presented to support this request under the Chronic Pain Medical Treatment Guidelines.

Retrospective Protonix 20 MG Twice Daily For Stomach Irritation Dispensed 1/2/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: This medication is a protein pump inhibitor designed to address issues relative to the esophagus and stomach. No specific complaints of such maladies are identified in the progress notes presented for review. Furthermore, there is no indication of a need of a prophylaxis relative to other medications being employed. As such, there is limited clinical information presented in the progress notes reviewed and the literature only supports this medication in very narrowly assigned situation. As such, there is insufficient clinical information presented to support this request under Chronic Pain Medical Treatment Guidelines.