

Case Number:	CM14-0016116		
Date Assigned:	06/04/2014	Date of Injury:	10/21/2012
Decision Date:	07/29/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/07/2014

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 and Rehabilitation 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:

This 40 year-old patient sustained an injury on 10/21/12. The request under consideration includes Norco and physical therapy 3 x 4 with trial of mechanical traction. Diagnoses include: low back pain with radiculopathy/ 14-15 disc protrusion. A report dated 12/23/13 from the provider noted the patient complained of ongoing low back and left leg pain. The patient had one session of PT and will be resuming treatment that week. Exam showed lumbar spine with 25% limitation in flexion, bilateral lateral bending, and extension range of motion; pain to palpation at L4-5 and L5-S1. Treatment included continuing with physical therapy, and medication listed Norco. The patient remained temporarily totally disabled for an additional month until follow-up. The request for Norco was non-certified and physical therapy 3 x 4 with trial of mechanical traction was modified for certification of 10 PT visits without traction on 1/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 83.

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Guidelines require the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. As such, Norco is not medically necessary and appropriate.

PHYSICAL THERAPY 3 X 4 WITH TRIAL OF MECHANICAL TRACTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, intact clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program which has been recently certified for 10 PT visits. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support a treatment request for traction therapy. Low back guidelines state traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. Submitted reports have not demonstrated the indication or medical necessity for therapy with lumbar traction. As such, the request is not medically necessary.