

Case Number:	CM14-0016901		
Date Assigned:	04/16/2014	Date of Injury:	09/11/2012
Decision Date:	05/30/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/11/2014

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 Family Practice and is licensed to practice in Texas and 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 injured worker is a 61-year-old female who reported an injury on 09/11/2012 due to a fall that reportedly caused injury to her lower and mid back. The injured worker's treatment history included yoga, a home exercise program, physical therapy, epidural steroid injections, and multiple medications. Physical findings of the lumbar spine documented full range of motion of the lumbar spine with no increase in concordant pain, tenderness to palpation of the paraspinal musculature from the L3 to the S1 levels on the right side with facet loading with lateral bending and extension. The injured worker's diagnoses included low back myofascial pain, and scoliosis. The injured worker's treatment plan included continued use of Fentanyl patch and Lorazepam. A request was made for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY X 6: Upheld

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

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

Decision rationale: The requested additional physical therapy X 6 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has already participated in physical therapy. However, it was documented that the injured worker did not feel that physical therapy was effective. The [REDACTED] Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does indicate that the injured worker has some continued pain complaints that would be appropriately addressed with a home exercise program. However, there is no indication that the injured worker is currently participating in an independent home exercise program. Therefore, 1 to 2 visits would be appropriate to assist the injured worker into transitioning into a self-managed home exercise program. However, the requested 6 additional visits would be considered excessive, as previous physical therapy was not considered effective. Additionally, the request as it is written does not specify a body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested additional physical therapy X 6 is not medically necessary or appropriate.

FENTANYL PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The requested Fentanyl patch is not medically necessary or appropriate. [REDACTED] Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 09/2013. However, there is no documentation that the injured worker is monitored for aberrant behavior. Additionally, the clinical documentation does not provide adequate assessment of pain relief to support continued use. There is also no documentation of functional benefit. The request as it is submitted does not clearly identify a duration, frequency, or quantity. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Fentanyl patch is not medically necessary or appropriate.

LORAZEPAM: Upheld

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

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

Decision rationale: The requested Lorazepam is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 09/2013. [REDACTED] Schedule does not support long-term use of benzodiazepines. As the clinical documentation indicates that the injured worker has been on this medication for a period of time to exceed Guideline recommendations and there are no exceptional factors to support this extended treatment, continued use would not be supported. Additionally, the request as it is submitted does not clearly define a quantity, dosage, or frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Lorazepam is not medically necessary or appropriate.