

Case Number:	CM14-0019197		
Date Assigned:	04/21/2014	Date of Injury:	10/11/2011
Decision Date:	07/28/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/14/2014

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:

The injured worker is a 40 year old male who reported an injury on 10/11/2011, due to an unknown mechanism. The clinical note dated 01/21/2014 presented the injured worker with intermittent moderate and occasionally severe low back pain, numbness and tingling to the left hip and down the left leg, low back stiffness and spasms, and difficulty balancing on his left leg. The physical exam of the lumbar spine revealed a guarded upright posture that was slightly stooped forward, palpable pain and tightness over the lumbar musculature bilaterally, and a slight quadriceps atrophy to the left. The injured worker was diagnosed with post anterior lumbar interbody fusion to the L3-4 and L4-5 since February 19, 2013. The provider recommended work 8 sessions of work hardening physical therapy and retrospective terocine topical salicylate 120MG x 2. The request for authorization form was not included in the medical documents for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening physical therapy x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning/hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: The request for work hardening physical therapy x 8 sessions is not medically necessary. The California MTUS guidelines recommend work hardening for injured workers when musculoskeletal conditions with functional limitations which preclude the ability to safely achieve current job demands, who have undergone treatment with an adequate trial of physical therapy with improvement and are not likely to benefit from continued physical therapy. The guidelines recommend work hardening in injured workers in which the need for surgery or other treatments would clearly be unwarranted to improve function. The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. The guidelines note injured workers must be no more than 2 years past date of injury. Work Hardening Programs should be completed in 4 weeks consecutively or less. Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. Upon completion of a rehabilitation program neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The injured workers date of injury was 10/11/2011. The request for a work hardening program exceeds the 2 year post injury recommendation of the guidelines. The documentation does not specify the injured workers occupation or job description, and there is no evidence that the injured worker attempted to return to modified duty. An adequate assessment of the injured worker's functional and psychological conditions were not provided within the documentation. There is also no documentation to support an agreed return to work plan with the injured workers employer. Therefore, the request is not medically necessary.

Retrospective Terocin topical salicylate 120mg x 2 date of service 12/27/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for retrospective Terocin Topical Salicylate 120mg x 2 for the date of service 12/27/2013 is not medically necessary. Terocin contains Capsaicin, Menthol, and Lidocaine. The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Lidoderm is the only form of topical lidocaine recommended. Capsaicin is only recommended for injured workers who have not responded, or are intolerant to other treatments. It was also unclear if the injured worker had a diagnosis which would be congruent with the guideline recommendations for capsaicin. Additionally, the guidelines note Lidoderm is the only approved topical formulation of lidocaine. Therefore, the request is not medically necessary.

Norco 10/325mg #60 dispensed on 12/27/2013 (Retrospective): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 108/325MG #60 dispensed on 12/27/2013 (retrospective) is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The Guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include: Current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. The injured worker has been prescribed Norco since at least 09/2013, the efficacy of the medication was not provided. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The providers request did not indicate the frequency of the medication. As such, the request is not medically necessary.