

Case Number:	CM14-0137418		
Date Assigned:	09/05/2014	Date of Injury:	01/18/2013
Decision Date:	09/26/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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 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 50-year-old male restaurant general manager sustained an industrial injury on 1/18/13. Injury occurred when he was moving stainless steel shelves and one of the legs of the shelves broke and fell onto his knees with hundreds of pounds of product on the shelves. Conservative treatment had included 20 sessions of chiropractic physiotherapy as of 5/23/14. Chiropractic treatment records indicated that care included the neck and back. The 6/27/14 treating physician report cited persistent neck and back pain. Neck pain was reported grade 8/10 radiating to both hands. Low back pain was constant grade 8/10, significantly improved with a transforaminal epidural steroid injection on 6/4/14. There was occasional aching and cramping in both knees exacerbated by sitting and walking up stairs. He also complained of headaches, difficulty hearing, and lack of bladder control. The patient was taking Tramadol ER 150 mg once a day which helped decrease pain and increase mobility. He was also taking Norco 5/325 mg for severe pain with relief of symptoms. Physical exam documented normal gait, minimal lumbar tenderness, and decreased spinal range of motion all planes. There was diminished sensation over the right C5-C8 dermatomes and right L5 dermatome. Right upper extremity strength was 4+/5 globally. There was 4/5 right tibialis anterior and extensor hallucis longus weakness. Upper and lower extremity deep tendon reflexes were normal. Straight leg raise was positive on the right at 60 degrees. Spurling's was positive on the right. The diagnosis was lumbar spine degenerative disc disease, lumbar facet arthropathy, lumbar spine radiculopathy, thoracic spine disc herniation, cervical spine disc herniation, and cervical spine radiculopathy. Treatment had included 8 visits of physical therapy, chiropractic treatments, and L5 transforaminal epidural steroid injection. The treatment plan recommended additional physical therapy 2x6 for the cervical and lumbar spine, orthopedic consult for the knees, Hydrocodone/APAP 5/325 mg #30, and follow-up in 6 weeks. The patient was capable of modified work. The 7/25/14 utilization

review denied the request for physical therapy as the medical necessity of additional therapy beyond a home exercise program was not established. The request for Hydrocodone/APAP was denied as there was no explanation for this prescription. Records indicated that an orthopedic consult for the bilateral knees and Tramadol ER was certified. The 8/15/14 treating physician report indicated the patient was taking Tramadol ER 150 mg once a day and Norco 5/325 mg once a day with reduction in pain from 7/10 to 3/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. This patient has been treated with 20 chiropractic/physiotherapy visits and 8 physical therapy visits with no documentation of objective measurable functional improvement. There is no current functional deficit or treatment goal documented to be addressed by additional physical therapy. The medical necessity of additional supervised physical therapy over an independent home exercise program is not established. Therefore, this request is not medically necessary.

Hydrocodone/APAP 5/325mg, qty 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have been met. Records indicate that hydrocodone/APAP was being used once a day for severe breakthrough pain with stable medication regime noted since February 2014. Significant pain reduction was documented with the current medication regime allowing for increased mobility. Therefore, this request is medically necessary.

