

Case Number:	CM14-0143326		
Date Assigned:	09/10/2014	Date of Injury:	02/11/2011
Decision Date:	12/31/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/04/2014

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 Occupational Medicine 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:

Patient is a 51 year-old male with date of injury 02/11/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/16/2014, lists subjective complaints as pain in the neck, mid back, lower back, and right upper extremity. Objective findings: Examination of the cervical, thoracic and lumbar spine revealed tenderness to palpation over the paraspinal muscles and restricted range of motion. Cervical compression test was positive. Straight leg raising test was positive bilaterally. Examination of the upper right extremity revealed tenderness to palpation and restricted range of motion. Neurocirculatory examination was normal. Diagnosis: 1. Cervical spine strain/sprain with radiculitis 2. Cervical spine disc protrusions per MRI dated 05/23/2011 3. Thoracic spine strain/sprain 4. Lumbar spine strain/sprain 5. Lumbar spine disc bulges per MRI dated 05/23/2011 6. Chest wall strain 7. Right shoulder rotator cuff tear 8. Status post right shoulder surgery 9. Right elbow strain/sprain 10. Right elbow medial and lateral epicondylitis 11. Sleep disturbance, secondary to pain 12. Depression, situational. Patient completed a urine drug screen on 02/14/2014 with consistent findings. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. Medications: 1. Norco 5/325mg, unspecified quantity (no SIG provided).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg. Unspecified QTY.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 6 months. Norco 5/325mg. Unspecified QTY is not medically necessary.

12 sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low back Procedure summary

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

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. 12 sessions of Physical Therapy is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low back Procedure summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine Drug Screen is not medically necessary.