

Case Number:	CM14-0156204		
Date Assigned:	09/25/2014	Date of Injury:	07/14/2014
Decision Date:	10/27/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/24/2014

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, has a subspecialty in Interventional Spine 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 55 years old male with an injury date on 07/14/2014. Based on the 08/25/2014 Doctor's first report provided by [REDACTED], the diagnoses are: 1. Left calf strain/sprain2. Lumbar spine musculoligamentous sprain/strainAccording to this report, the injured worker complains of low back pain and left calf pain. Tenderness to palpation with muscle spasm is noted over the lumbar paraspinal muscles, bilaterally, medial joint line of the left ankle and left Achilles tendon. Straight leg raise elicits localized pain. Decreased lumbar range of motion is noted. The injured worker is ambulate with a slightly antalgic gait favoring the left lower extremity. There were no other significant findings noted on this report. The utilization review denied the request on 09/13/2014. [REDACTED] is the requesting provider, and he provided treatment report dated 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Opiate, Criteria for Use of Opioids Page(s): 76-78.

Decision rationale: According to the 08/25/2014 report by [REDACTED] this injured worker presents with low back pain and left calf pain. The treater is requesting Norco 5/325mg #60. For initiating opiate use, MTUS Guidelines pages 76-78 state "A therapeutic trial of opioid should not be employed until the patient has failed a trial of non-opioid analgesics." MTUS further state "Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, the reports do not show documentation of baseline pain and functional assessments. No specific ADL's were provided. No documentation of injured worker has failed a trial of non-opioid analgesics. Given the lack of sufficient documentations to initiate opiate use, the request for Norco 5/325mg # 60 is not medically necessary.

Physical Therapy 12 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Excessive Therapy Page(s): 98, 99; 8.

Decision rationale: According to the 08/25/2014 report by [REDACTED] this injured worker presents with low back pain and left calf pain. The treater is requesting 12 sessions of physical therapy. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show that the injured worker recently injured the low back, a short course of therapy may be reasonable. However, the treater request for 12 sessions of physical therapy given MTUS limitation of 10 sessions for the injured worker's condition. The request for Physical Therapy 12 Sessions is not medically necessary.