

Case Number:	CM14-0178710		
Date Assigned:	11/03/2014	Date of Injury:	05/12/2008
Decision Date:	12/08/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/28/2014

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 Pain 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:

The injured worker is a 51 year-old male with a date of injury of May 12, 2008. The patient's industrially related diagnoses include cervicothoracic strain, cervical radiculitis, and lumbosacral strain/sprain. The disputed issues are 8 physical therapy sessions for cervical and lumbar with a personal trainer, prescriptions for Norco 10/325mg #90, Diazepam 10mg #80, Ibuprofen 800mg #180, and a request for a TENS unit. A utilization review determination on 10/14/2014 had non-certified these requests. The stated rationale for the denial of physical therapy was: "There is no clear documentation of significant objective and functional gains from the previous care to support additional visits. Furthermore, considering the date of injury, it's elected that the claimant would be well-versed in a home program for self-management of ongoing complaints and deficits. Additionally, there is already very limited evidence of significant objective and functional deficits regarding the lumbar spine and cervical spine in the recent exams to support the need for supervised care." The stated rationale for the denial of Norco 10/325mg was: "Though the current medication is subjectively reported to allow the claimant to be functional, there is no supporting evidence of objective functional improvement or progressive return to work. Furthermore, the details about a risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract are not available." The stated rationale for the denial of Diazepam was: "This medication is an 'N' drug on the ODG formulary and there is no documentation of trialed and failed 'Y' drugs or documentation that this medication is superior to a 'Y' drug." The stated rationale for the denial of Ibuprofen was: "In this case, the claimant is reported to have continued complaints of pain, yet there is no documentation of objective functional benefit from the prior use of Ibuprofen." Lastly, the stated rationale for the denial of a TENS unit was: "There is limited indication that the claimant has tried TENS in the clinical setting and has benefited from it."

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions for cervical and lumbar with a personal trainer: Upheld

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

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

Decision rationale: In regard to the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. In the submitted medical records available for review, the treating physician documented that the injured worker had 9 sessions of physical therapy between 5/29/2013 to 7/29/2013 with some benefit and stated that the injured worker needed a structured physical rehab program which would be monitored. However, there was no statement indicating specific objective treatment goals with additional therapy or why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, in the progress report dated 10/23/2014 the injured worker was doing pool therapy. Regarding aquatic therapy, the guidelines recommend it as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. There is no documentation as to the rationale for doing both pool therapy and land-based physical therapy at the same time. Based on the guidelines, the current request for 8 physical therapy sessions for cervical and lumbar with a personal trainer is not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Norco 10/325mg (Hydrocodone/Acetaminophen) is an opioid which was recently rescheduled in October 2014 from Schedule III to the more restrictive Schedule II of the Controlled Substances Act. Therefore, it can no longer be refilled. California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. In

the submitted medical records available for review, there was no specific documentation to support that Norco was improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). There was no documentation of side effects from the medication and limited discussion regarding possible aberrant drug-related behavior. The treating physician documented that there was no abuse and a UDS (urine drug screen) was done on 10/23/2014 that was positive for Hydrocodone and Tramadol. However, there is no documentation that the injured worker was prescribed Tramadol at that time and there is no discussion whether the results of the UDS are consistent. Furthermore, there was no documentation of a recent signed opioid agreement and no [REDACTED] report to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation, the medical necessity for Norco 10/325mg #90 cannot be established at this time.

Diazepam 10mg #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24, 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines

Decision rationale: In regard to the request for Valium (Diazepam), Chronic Pain Medical Treatment Guidelines state that benzodiazepines are, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." The guidelines further state the following regarding benzodiazepines in the context as an anti-spasm agent: "Benzodiazepines are not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over nonbenzodiazepines for the treatment of spasm." In the submitted medical records available for review, Valium 10mg was prescribed for muscle spasms. However, there was no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Additionally, there was no documentation that the injured worker tried and failed recommended nonbenzodiazepines for the treatment of muscle spasms. Based on the guidelines, the currently requested Valium 10mg #80 is not medically necessary.

Ibuprofen 800mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: Ibuprofen 800mg is a non-steroidal anti-inflammatory drug (NSAID). The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. In the submitted medical records available for review, there was no indication that Ibuprofen was providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale). The treating physician documented that the injured worker was more functional with the intake of medicine but there was no documentation of pain relief specific to Ibuprofen. In the absence of such documentation, the currently requested Ibuprofen 800mg #180 is not medically necessary.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: In regard to the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to a TENS unit purchase, a one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In the progress note dated 10/10/2014, there was documentation that the injured worker was using a TENS unit 8-10 hours a day but it is not clear whether this was part of a one-month trial. However, there was no documentation of any pain relief or specific objective functional benefits with the use of the TENS. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.