

<b>Case Number:</b>	CM14-0033756		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/23/2002
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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:

This is a 63-year-old female with a date of injury of 6/23/02. Mechanism of injury was a table being dropped on her left foot, and as she pulled her foot free, she fell backwards, landing on the ground. She reports that her foot was bleeding, and she went to the emergency room. She had a foot laceration that was closed with Dermabond, but also had a back sprain and contusion. The patient had care for the back, including medications, therapy, acupuncture and modified activity. She is noted to have a prior pre-injury to the back and had prior laminectomy, as seen on MRI on 9/17/02. She had nerve blocks with no success. She was made Permanent and stationary on 11/02/04 having reached maximum medical improvement. An Agreed Medical Evaluator(AME) concurs with the date of P & S on a report from 9/22/06. AME recommendations were to continue swimming and try to get off Vicodin. No further surgery was recommended. Occasional steroid injection or brief courses of PT are recommended. The patient returned in follow-up on 3/03/14 with a reported severe exacerbation of low back pain with associated numbness in the legs that occurred in November of 2013. Repeat MRI was done at the time, and she was diagnosed with Degenerative Disc Disease (DDD) at L5-S1. The patient has a pain medication contract. She is using TENS. This was submitted to Utilization Review. The 3/10/14 UR decision recommended partial certification of all the medications, but denied additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300 mg #60 with one refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Guidelines do not support use of chronic opioid pain medications for non-malignant pain. For patients with chronic back pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than 16 weeks is unclear. This patient does appear to have been using Vicodin on a chronic basis, but specifically presents with an acute severe flare of pain. When submitted to Utilization Review, the physician advisor approved the request for 45 pills with no refills. This was appropriate, with no medical necessity for certification of this opioid in excess of the UR determination. Medical necessity for Vicodin 5/300 #60 is not established.

**Naprosyn 500 mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs Page(s): 67-73.

**Decision rationale:** While guidelines do note that there is risk for adverse effects, such as GI and cardiovascular, they do support use of non-steroidal anti-inflammatory drugs (NSAIDS) for orthopedic conditions. Naprosyn is guideline supported, and is a good non-opioid option to achieve pain control. This patient presented with severe flare pain, and use of Naprosyn rather than significant escalation of opioid pain medications is an appropriate step. That said, the UR physician advisor did approve Naprosyn 500 mg #60 with one refill. There is no medical necessity for certification of more than this amount recommended by the UR physician. Medical necessity of Naprosyn 500 mg #60 with refills times three is not established.

**Cymbalta 60 mg #30 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** Guidelines do support use of antidepressants as first line treatment for neuropathic pain and an option for non-neuropathic pain. Not only does this patient have chronic pain, but she also has depression. This medication is appropriate, and was approved in UR for Cymbalta 60 mg #30 with refills times one. There is no medical necessity for certification of more than this amount recommended by the UR physician. Medical necessity of Cymbalta 60 mg with refills times five is not established.

**8 physical therapy sessions:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 130-132, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Guidelines recommend 8-12 sessions of physical therapy for this type of low back diagnosis. The California Medical Treatment Utilization Schedule (MTUS) recommends 9-10 sessions of physical therapy for myalgia, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) revised 2nd edition recommends 8-12 sessions of physical therapy, and Official Disability Guidelines (ODG) recommends 9-12 sessions of physical therapy. In this case, the patient is already Permanent and Stationary, and has future medical provision that includes physical therapy. She presents with a severe exacerbation of back pain. 8 sessions of physical therapy to address the flare-up is appropriate, Agreed Medical Evaluator (AME) recommended, and within guideline recommendations. Physical therapy times eight is medically necessary.