

Case Number:	CM14-0039545		
Date Assigned:	06/27/2014	Date of Injury:	01/04/2009
Decision Date:	08/15/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/01/2014

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:

The patient is a 43-year-old male who has submitted a claim for status post initial discectomy at L5-S1 on 8/12/09 with required second discectomy at L5-S1, left paracentrally on 1/5/11, and radiculopathy/radiculitis associated with an industrial injury date of January 4, 2009. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of residual lower back pain and left leg pain. Pain is worse with activity and sitting and is better with rest. Physical examination revealed a normal gait. There was tenderness at the L5-S1 area. Lumbar spine range of motion was limited secondary to pain. Motor strength was 4+/5 bilaterally. Sensation was grossly intact in bilateral lower extremities. DTRs were 2+ and equal bilaterally. Straight leg raise test was negative bilaterally. Treatment to date has included transforaminal discectomy and decompression at L5-S1 (8/12/09), laminectomy with decompression, foraminotomy and discectomy at left L5-S1 (1/5/11), physical therapy, epidural injections, and medications, which include Norco 10/325mg, Advil, and Tizanidine. Utilization review from March 26, 2014 modified the request for Physical Therapy twice a week for 6 weeks to 10 Physical Therapy visits because guidelines accept a total of 10 visits for the patient's condition. The request for Norco 10/325mg 1-2po q4-6h prn pain, #120 x 3 refills was modified to Norco 10/325mg 1-2po q4-6h prn pain, #120 with no refills because the patient should be evaluated by a pain specialist with a possible change in medication regimen and an opioid agreement. Also, no refill was medically necessary for the acute timeframe.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X/WK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, low back, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Physical Medicine Page(s): 98-99.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Official Disability Guidelines recommend 10 visits over 8 weeks for intervertebral disc disorders without myelopathy. In this case, review of records indicates that the patient has completed an unknown number of PT sessions following the injury. The medical records failed to show whether the patient has participated in a home exercise program after therapy courses. Guidelines state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is no clear indication for continued physical therapy sessions in the absence of evidence participation in a home exercise program. Furthermore, the present request for 12 PT sessions exceeds the number of PT sessions recommended by guidelines. In addition, UR dated 3/26/14 already certified 10 PT sessions. Therefore, the request for PHYSICAL THERAPY 2X/WK FOR 6 WEEKS is not medically necessary.

NORCO 10/325MG 1-2 BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN #120 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Norco since 2011. Progress report dated 6/12/14 indicated that the patient is currently on Norco 10/325mg. Specific measures of analgesia, objective functional improvements, such as improvements in activities of daily living were not documented in the most recent progress report. There was also no documentation of adverse effects or aberrant behaviors. No toxicology screenings are available. Additional

information is needed as guidelines require clear and concise documentation for ongoing management. Therefore, the request for NORCO 10/325MG 1-2 BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN #120 3 REFILLS is not medically necessary.