

<b>Case Number:</b>	CM14-0039906		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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:

This claimant is a 53-year-old male with a 6/3/10 date of injury. The mechanism of injury was not noted. According to a 3/14/14 document, the patient complained of a flare-up of low back and mid-back pain due to reduced/denied epidural steroid injection (ESI). His spasms were bothersome. Objective findings listed were antalgic gait, lumbar spine range of motion (ROM) was 30% of expected, lower extremity stretch reflexes were hyporeflexic bilaterally, no motor deficit of lower extremities, and sensory deficit of left leg in L4-L5 dermatomes. Documented diagnoses included lumbar disc disease, thoracic pain/spasms, and left knee arthropathy. Treatment to date has included medication management and activity modification. A utilization review (UR) decision dated 3/26/14 denied the requests for Oxycontin and physical therapy (PT) for the lumbar and thoracic spine. Regarding Oxycontin, the reason given for denial was the lack of documentation that the claimant has tried and failed all other first-line opioid medication treatment prior to Oxycontin use. Regarding physical therapy, the reason for denial was that there was limited documentation provided indicating when or how much physical therapy was received in the past and whether the claimant had clinical gains from the completed visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the lumbar and thoracic spine, quantity: 6,:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004) Chapter 6, page 114; and the Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** The California MTUS stresses the importance of a time-limited treatment plan with clearly-defined functional goals, frequent assessment, and modification of the treatment plan based upon the patient's progress in meeting those goals; monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However, this patient has a 2010 date of injury, and has had physical therapy previously. There is no clear description of prior functional gains or improvements in activities of daily living from the prior physical therapy sessions. In addition, it is unclear how many physical therapy sessions the patient has previously had. ODG Guidelines only support 10 sessions of physical therapy over 8 weeks for lumbar sprains/strains. Further information would be necessary to substantiate this request for physical therapy. Furthermore, it is not clear why the patient has not been able to transition successfully to a home exercise program by this time. Therefore, the request for Physical Therapy for the lumbar and thoracic spine, quantity: 6, is not medically necessary.

**Oxycontin 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment, unless: prescriptions are from a single practitioner and are taken as directed; medications are prescribed at the lowest possible dose; and there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, a urine drug screen, or CURES monitoring. Therefore, the request for Oxycontin 10 mg #60 is not medically necessary.