

<b>Case Number:</b>	CM14-0044822		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/08/2009
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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:

The injured worker is a 58 year-old male who sustained an industrial injury on 07/08/09. The injured worker's 2012 lumbar spine magnetic resonance imaging (MRI) scan report showed significant findings at L4-L5 and L5-S1. His treatments in the past have included physical therapy, medications including hydrocodone (Norco), acupuncture and chiropractic care. The total number of chiropractic or physical therapy visits was not documented. The injured worker continued to have lower back pain as well as right lower extremity pain. A report dated 03/06/14 indicates that the injured worker is doing his own pool therapy to strengthen his core. He continues to take medication for pain, which helps him. On exam, he had paravertebral muscle tenderness and spasms with restricted ranges of motion for the lumbar spine. Straight leg raise test was positive on the left. Motor strength and sensation were grossly intact. The right knee was positive on McMurray's test and the inferomedial aspect of the right knee was tender to palpation. An exam of the left knee revealed effusion as well as medial collateral ligament and joint line tenderness. Diagnoses included lumbar radiculopathy, left knee internal derangement, and right knee internal derangement. On 2/25/14 there was modification request for Norco #60 to certify #30 for tapering to discontinuation due to lack of documentation regarding pain relief functional benefit and appropriate medication use. On 03/06/14, Norco was refilled, and it was noted the injured worker was awaiting authorization to undergo physical therapy. The request for physical therapy with massage for right leg and bilateral knees, 12 sessions distributed at three sessions per week for four weeks and Norco 5/325 mg, one taken orally twice per day #60 was denied on 04/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy with massage for right leg and bilateral knees, twelve sessions distributed at three sessions per week for four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Physical medicine treatment

**Decision rationale:** As per the California Medical Treatment Utilization Schedule guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the Official Disability Guidelines (ODG) guidelines, physical therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis/pain/derangement of meniscus and post-surgical physical therapy; 12 visits over 12 weeks. In this case, the injured worker has had unknown number of physical therapy visits; however, there is no record of previous physical therapy progress notes with documentation of objective measurements (i.e. pain level, range of motion [ROM], strength), or functional assessment to support any indication of more physical therapy visits. Also, at this juncture, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, additional physical therapy will exceed the number of recommended physical therapy visits. Therefore, the requested physical therapy visits are not medically necessary according to the guidelines.

**Norco 5/325 mg, one PO BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 74, 91.

**Decision rationale:** Norco (hydrocodone + acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state continuation of opioids is recommended if the injured worker has returned to work and if the injured worker has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs (NSAIDs) or

acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. visual analog scale) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. There is no evidence of return to work. Weaning was previously recommended. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.