

Case Number:	CM14-0048584		
Date Assigned:	06/25/2014	Date of Injury:	06/08/2011
Decision Date:	08/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/28/2014

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 & 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 47 year-old patient sustained an injury on 6/8/11 while employed by [REDACTED]. Request under consideration include Norco 10/325mg and 6 physical therapy sessions. Report of 12/23/13 from the provider noted diagnoses of knee osteoarthritis; fibromyositis; left knee pain; and left shoulder pain. Medications list Glucosamine, Lysine; Nifedipine; Norco; Soma, and Omega-3. The patient reported constant chronic shoulder, elbow, and left knee pain. The patient is status post left knee arthroscopy; left shoulder decompression; and left elbow surgery. Exam showed full cervical range; left shoulder abduction limited to 140 degrees; left shoulder flexion is full; full range at left elbow; appropriate knee extension with audible crepitus; well-healed trocar marks of shoulder and knee consistent with arthroscopic procedure; negative drawer sign; tender patella; hypoesthesia in lateral left knee. Plan for psychology referral, Norco, and PT. Report of 2/10/14 noted chronic knee pain rated at 6-7/10. Exam showed fair posture; normal gait and balance; knees showed normal bilateral patellar tracking and patella mobility; normal bilateral knee range without laxity; decreased left knee motor strength, but with negative orthopedic provocative testing; positive SLR on left; and normal DTRs bilaterally. Report of 2/27/14 from the provider showed unchanged symptom complaints, clinical findings, and diagnoses. Treatment to continue with PT, Norco, and the patient remained total temporary disability (TTD). The request for Norco 10/325mg was modified for quantity #90 and 6 physical therapy sessions were non-certified on 3/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Therefore, the request for Norco 10/325mg is not medically necessary and appropriate.

6 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical therapy (PT) is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no clear measurable evidence of progress with previous PT including milestones of increased range of motion (ROM), strength, and functional capacity. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Provider's dated report has no documentation of new acute injury or flare-up to support for formal PT as the patient should continue the previously instructed independent home exercise program for this chronic injury of 2011. Multiple medical reports have unchanged chronic pain symptoms, unchanged clinical findings with continued treatment plan for PT without demonstrated functional benefit, remaining TTD. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal PT

has not been established. Therefore, the request for 6 physical therapy sessions is not medically necessary and appropriate.