

Case Number:	CM14-0060789		
Date Assigned:	07/09/2014	Date of Injury:	12/31/2009
Decision Date:	09/10/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/01/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 55 year old female injured on 12/31/09 due to an undisclosed mechanism of injury. Diagnoses include low back pain with facet mediated etiology. Clinical note dated 04/01/14 indicates the injured worker presented complaining of pain in the low back with cramping. The injured worker reported pain remained unchanged from previous visit requiring ongoing pain medication and activities of daily living are severely limited due to pain. Objective findings include decreased range of motion in the lumbar spine approximately fifty percent. Medications include Butrans patch and Norco 10/325 milligrams. Treatment plan included authorization for physical therapy and continuation of medication management. The initial request for physical therapy twelve sessions, Norco 10/325 milligrams quantity thirty, and Butrans patch quantity four was initially noncertified on 04/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy treatment for chronic pain.

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, current guidelines recommend ten visits over eight weeks for the treatment of lumbar strain/sprain and allow for fading of treatment frequency (from up to three or more visits per week to one or less), plus active self-directed home physical therapy. However, the request did not specify the area to be addressed and the modalities to be utilized. The request of twelve (12) Physical therapy sessions is not medically necessary and appropriate.

Norco 10/325 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request of Norco 10/325 #30 is not medically necessary and appropriate.

Butrans patch #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request of Butrans patch #4 is not medically necessary and appropriate.