

Case Number:	CM14-0063216		
Date Assigned:	07/11/2014	Date of Injury:	06/14/2013
Decision Date:	08/14/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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:

On 04/07/2014, the treating orthopedic physician saw the patient in follow-up and noted the patient remained symptomatic with bilateral shoulder pain and mid to low back pain. The patient had already received at least 11 physical therapy visits. Additional physical therapy was recommended 2 times a week for 4 weeks. The treating physician noted concern at the time regarding a prior utilization review, noting that physical therapy is recommended by the treatment guidelines as an initial treatment modality. I do note that a different treating physician had acknowledged 01/09/2014 that the patient had already completed physical therapy. At that time, that treating physician discussed multiple comorbidities including stress, anxiety, depression, and obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 99.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 99, recommends transition to an independent home rehabilitation program. The medical records in this case do not provide a rationale as to why this patient requires additional supervised as opposed to independent home rehabilitation. This 8 Physical Therapy visits is not medically necessary.

Norco 5/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Management recommends detailed documentation of the 4 A's of opioid management including documentation of functional goals and benefit from opioids. The records at this time do not meet these 4 A's of opioid management to support an indication of functional benefit from opioid use. Additionally, these guidelines do not support opioid use for chronic low back pain as in this case. For these multiple reasons, this Norco 5/325 #60 is not medically necessary.

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Muscle Relaxants Page(s): 64.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Muscle Relaxants, page 64, recommends Flexeril only for short-term use. Neither the medical records nor the treatment guidelines provide a rationale or indication as to why this patient would instead require Flexeril on a chronic basis in this setting. Therefore, for these reasons, this Flexeril 7.5mg #90 is not medically necessary.