

Case Number:	CM14-0186325		
Date Assigned:	11/14/2014	Date of Injury:	09/25/2001
Decision Date:	01/02/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/10/2014

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 63-year-old female who reported an injury on 09/25/2001. The mechanism of injury was a fall. The diagnoses included lumbago, pain in joint in lower leg. The past treatments included a knee injection x3 years ago. There was no imaging provided for review. The surgical history noted bilateral bunions and bilateral torn meniscus, procedures were not specified. The progress note, dated 11/03/2014, noted the injured worker reported no major changes and requested a refill for her medications. The physical exam noted continued low back pain with radicular symptoms, positive straight leg raise test bilaterally, limited range of motion, swelling and inflammation to her bilateral knees. The physician noted the injured worker was not taking any medications despite her moderate to severe low back and knee pain. Her medications were listed to include naproxen. The treatment plan requested physical therapy evaluation and treatment 3 times a week x4 weeks, knee joint injection, Norco #60 (1 every 6 to 8 hours as needed), and Naproxen 500 mg (1 twice a day). The Request for Authorization form was submitted for review on 10/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 Times A Week for 4 Weeks (Lumbar Spine): 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 rationale: The request for physical therapy 3 times a week for 4 weeks (lumbar spine) is not medically necessary. The California MTUS Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, and range of motion. The guidelines recommend 9 to 10 sessions of physical therapy over 8 weeks and continuation of active therapy at home as an extension of the treatment process. There is a lack of documentation of functional limitations. The request for 12 sessions exceeds the guideline recommendations for an initial and general course of treatment. Given the lack of documentation of functional limitations which would benefit from the use of physical therapy, and the excessive number of visits requested, physical therapy is not supported at this time. Therefore, the request is not medically necessary.

Norco 10-325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Page(s): 78-80.

Decision rationale: The request for Norco 10-325 mg #60 is not medically necessary. The injured worker had unmeasured, unchanged pain to her back and bilateral knees. The California MTUS Guidelines recommend opioids, such as Norco, as second line treatment of moderate to moderately severe pain and for long term management of chronic pain when pain and functional improvements are measured using a numerical scale or valid instrument. Adverse side effects and aberrant drug taking behaviors should also be assessed for ongoing management of opioids. There was a lack of documentation of the quality or severity of pain. There was no documentation of failure of first line medications. Additionally, the request does not indicate the frequency at which the medication is prescribed. As such, the use of Norco 10-325 MG #60 is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.

Naproxen 500 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68,73.

Decision rationale: The request for Naproxen 500 mg #60 is not medically necessary. The injured worker had unmeasured pain to her back and bilateral knees. Her back symptoms were noted to be radicular. The California MTUS Guidelines recommend naproxen for the relief of the signs and symptoms of osteoarthritis over the shortest duration, and for the short term

symptomatic relief of chronic low back pain. It is not recommended for the treatment of neuropathic pain or for long term use. It is unclear how long the injured worker has been using NSAIDs. There is a lack of documentation indicating the injured worker has had significant objective functional improvement or improvement in pain with the use of the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed. Given the previous, and the lack of recommendation for the use of naproxen for radicular pain, the use or continued use of Naproxen 500 MG #60 is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.