

<b>Case Number:</b>	CM14-0187799		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	07/03/2006
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 patient is a 63 year old female with a date of injury of 07/03/2006. She had physical therapy three times a week for several months after the injury. On 01/10/2008 she had right shoulder surgery and had post-operative physical therapy for several months. On 07/28/2009 she had low back pain and left knee pain. In 2009 she started a course of physical therapy three times a week for a year. In 2012, she had 6 weeks of physical therapy. She had a left total knee arthroplasty on 03/30/2010. She had a right total knee arthroplasty on 03/18/2013. She then had two weeks of physical therapy. On 10/29/2013 she had completed six aquatic physical therapy visits. She was using a walker until 03/2014. On 07/17/2014 she ambulated with an antalgic gait and her home exercise program was encouraged. A psych consultation was requested. On 07/21/2014 she had severe low back pain. On 08/25/2014 the listed diagnosis was lumbar radiculitis. The examination reviewed lumbar range of motion was decreased; bilateral straight leg raising was present; and SI joint tenderness. On 09/02/2014 he had depression. On 10/22/2014 there were multiple injuries and physical therapy courses described. She had intermittent neck and upper back pain - 1-2/10. She had low back pain that radiated to her right hip with an 8/10 pain. Lumbar range of motion was decreased.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #90 x 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-79.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) on page 78 On-Going Management states actions should include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Based on the medical records the criteria has not been met. Therefore, this request is not medically necessary.

**Physical therapy 2 x 6 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014 Low Back, Physical Therapy

**Decision rationale:** Both MTUS chronic pain and Official Disability Guidelines (ODG) each have a maximum number of physical therapy visits at 10 for chronic pain. This patient has had months of physical therapy for several years and also had instruction in a home exercise program. There is no documentation that continued formal physical therapy is superior to a home exercise program at this point in time relative to her injury. Therefore, this request is not medically necessary.