

Case Number:	CM14-0197902		
Date Assigned:	12/08/2014	Date of Injury:	11/12/1998
Decision Date:	01/22/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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 Spine Surgery and is licensed to practice in Texas. 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 59-year-old male who reported an injury on 11/12/1998 due to a slip and fall. His diagnoses include cervical spine discogenic disease, chronic back pain syndrome, lumbar spine musculoligamentous sprain/strain with radiculopathy, lumbar spine discogenic disease, right shoulder sprain/strain, and tendinitis. His past treatments included medication, physical therapy, and a motorized wheelchair. The urine drug screen performed on 07/18/2014 was negative results for all substances. On 11/14/2014, the patient complained neck, low back, and right shoulder/arm pain rated 3/10. The physical examination of the cervical spine revealed a grade 2 tenderness to palpation over the paraspinal muscles, palpable spasms, restricted range of motion, and a positive cervical compression test. The examination of the lumbar spine revealed grade 2 tenderness to palpation over the paraspinal muscles, palpable spasms, restricted range of motion, and a positive straight leg raise bilaterally. The examination of the right shoulder and right arm revealed a grade 2 tenderness to palpation. His current medications included Norco 10/325 mg. The treatment plan included continued physical therapy for the cervical spine, lumbar spine, and right shoulder with an unspecified number of visits and Norco 7.5/325 mg quantity 60. A rationale was not provided. A Request for Authorization form was received on 11/14/2014. Documentation regarding pertinent diagnostic studies and surgical history was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy C/S, L/S and right shoulder (number of visits unspecified):
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 continued physical therapy C/S, L/S and right shoulder (number of visits unspecified) is not medically necessary. According to the California MTUS Guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Furthermore, the physical medicine guidelines indicate that 8 to 10 visits are allotted for diagnoses of neuralgia, neuritis and radiculitis. The injured worker was noted to have restricted range of motion in the cervical and lumbar spine with a positive cervical compression and positive straight leg raise bilaterally. However, there was a lack of documented objective physical examination findings in regards to functional deficits to include motor strength and objective measurable findings for the decrease in range of motion. In addition, the request failed to specify the number of visits for the body regions to be treated. In the absence of documented objective functional deficits for review and the request not specifying the number of visits for treatment, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Norco 7.5/325 MG qty 60: Upheld

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

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

Decision rationale: The request for Norco 7.5/325 mg qty 60 is not medically necessary. According to the California MTUS Guidelines, opioids should have ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and a current urine drug screen to indicate potential aberrant drug related behaviors. Furthermore, the documentation should include a complete pain assessment to include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; how long pain relief lasts. The injured worker was indicated to have been on Norco for an unspecified duration of time, with a pain scale rating of 3/10. The urine drug screen performed on 07/18/2014 was negative results for all substances. However, the documentation failed to provide evidence in regards to ongoing review, a complete pain assessment, functional status, appropriate medication use, side effects, and a current urine drug screen to indicate potential aberrant drug related behaviors. In the absence of the required documentation for ongoing review of opioids and a lack of a current urine drug screen, the

request is not supported by the evidence based guidelines. The request as submitted failed to include the frequency. As such, the request is not medically necessary.