

Case Number:	CM14-0207976		
Date Assigned:	12/19/2014	Date of Injury:	12/14/2000
Decision Date:	02/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 48-year-old female with a date of injury of 12/14/2000. According to progress report dated 11/18/2014, the patient presents with chronic, severe low back and leg complaints, associated with occasional left buttock pain. The patient would like to discuss physical therapy for her low back pain. The pain is rated as 10/10 without medications and 6/10 with medications. On this date, pain was rated as 7/10. With medications, the patient is able to keep functional, allow for increased mobility and tolerance of ADLs and home exercises. Current medications include Dilaudid 8 mg tablets for severe breakthrough pain and Norco 10/325 mg for moderate pain, Zofran 8 mg for severe nausea, nizatidine for nausea, and Soma for spasm. Physical examination of the lumbar spine revealed forward flexion 45 degrees, hyperextension 10 degrees, and right and left lateral bend is 15 degrees. There is sciatic notch tenderness bilaterally. Sitting straight leg raise test is positive on the right and left. The listed diagnoses are: 1. Facet arthropathy, lumbar. 2. Displacement, lumbar disk without myelopathy. 3. Lumbar radiculopathy. 4. Degenerative disk disease, lumbar. 5. Postlaminectomy syndrome lumbar region. 6. Lumbago. The patient is permanent and stationary. Treatment plan is for refill of medications, physical therapy, and followup in 4 weeks. The utilization review denied the request on 12/09/2014. Treatment reports from 04/02/2014 through 11/18/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions x 12: 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 and 99.

Decision rationale: This patient presents with chronic low back pain. The current request is for physical therapy sessions x12. The treating physician states that a request for physical therapy evaluation and treatment has been indicated to provide pain relief and improve function and overall quality of life. The MTUS Guidelines page 98 and 99 recommends for myalgia- and myositis-type symptoms 9 to 10 sessions over 8 weeks. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports submitted for this request. The utilization review states that, "Medical records indicate that the patient had undergone several sessions of physical therapy in late 2012 without significant functional improvement or change in subjective or objective findings." It appears the patient has not received any formalized physical therapy in 2 or so years. Given the patient's continued pain, a short course of physical therapy may be indicated. However, the provider's request for 12 sessions exceeds what is recommended by MTUS. In addition, there are no discussions of a new injury, new surgery, or new diagnosis that can substantiate the request for 12 physical therapy sessions. The requested physical therapy is not medically necessary.

Dilaudid 8mg (unknown quantity): 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, Medication for chronic pain Page(s): 88, 89, 76-78, 60-61.

Decision rationale: This patient presents with chronic low back pain. The current request is for Dilaudid 8 mg (unknown quantity). For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing this medication for severe breakthrough pain since at least 04/02/2014. The utilization review denied the request stating that there were no substantial or lasting improvements in pain levels or function with taking long-term opioids. The treating physician has provided before and after pain scale to denote a decrease in pain with current medications. It is noted patient is able to stay functional, and with Dilaudid the patient has an increase in mobility and is able to tolerate ADLs and participate in a home exercise program. Under medication summary, it is noted that possible side effects were addressed. The patient reports improved affect and overall quality of life with medications. UDS and CURES reports are appropriate, and the patient is using medications

appropriately and responsibly. In this case, the 4 A's that are required by MTUS for opiate management had been specifically addressed including analgesia, specific functional improvement, UDS/CURES report, and adverse side effects. The current request is for an unspecified quantity of Dilaudid for an unknown duration of treatment. While the patient has been documented as having pain reduction and functional relief with this medication, the current IMR request is not supported by MTUS as Opioids require ongoing monitoring and this request is for an unlimited quantity for an unlimited duration. The requested Dilaudid is not medically necessary.