

Case Number:	CM14-0212964		
Date Assigned:	02/09/2015	Date of Injury:	03/22/2011
Decision Date:	04/01/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female who reported an injury on 03/22/2011. The mechanism of injury involved a fall. The current diagnoses is lumbar sprain/strain with radiculopathy. The injured worker presented on 11/05/2014 for a follow up evaluation with complaints of low back pain. Upon examination, there was tenderness to palpation with restricted range of motion and a positive straight leg raise. Recommendations at that time included prescriptions for Celebrex 200 mg, Norco 10/325 mg, and Ambien 10 mg. Aquatic therapy was also recommended twice per week for 4 weeks. A Request for Authorization form was submitted on 11/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There was no mention of a failure of nonopioid analgesics. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Physical therapy; eight (8) sessions (2 time per week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy 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. In this case, it is noted that physical therapy had been previously requested in 10/2014. It is unclear whether the injured worker has previously participated in a course of physical therapy. In the absence of objective evidence of significant functional improvement, additional treatment would not be supported. The request as submitted also failed to indicate a specific body part. Given the above, the request is not medically appropriate.

Celebrex 200mg #130: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines recommend Celebrex for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does not maintain any of the above mentioned diagnoses. The California MTUS Guidelines do not recommend long term use of NSAIDS. There was no frequency listed in the request. As such, the request is not medically appropriate.