MAXIMUS Federal Services

Case Number:	CM15-0018970		
Date Assigned:	02/06/2015	Date of Injury:	04/04/2006
Decision Date:	04/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/02/2015

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
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 was a 58 year old female, who sustained an industrial injury, April 4, 2006. The injured worker suffered a compression fracture of L3; the injured worker had a posterior lumbar fusion at L2/L4 in 2006. According to progress note of October 2, 2014, the injured workers chief complaint was low back pain that radiates down the right leg. The injured worker was developing weakness in the right leg and foot and had had several falls. The injured worker stopped working two years ago, due to the pain. At this time the injured worker was unable to complete activities of daily living. The injured worker states pain was rated at 8 out of 10; 0 being no pain and 10 being the worse pain. Surgery was not approved. The injured worker was diagnosed with severe degenerative disc disease at L4-L5, L2-L4 lumbar decompression and lumbar fusion, mild degenerative lumbar scoliosis measuring 16 degrees from L2 to the top of L5, L4 nerve root compression and spinal stenosis. The injured worker previously received the following treatments Ct scan of the lumbar spine on August 14, 2014, MRI of the lumbar spine Ju.ly 26, 2013, X-rays of the lumbar spine October 2, 2014, psychotherapy and laboratory studies. January 5, 2015, the primary treating physician requested authorization requested physical therapy 2-3 visits for 8 sessions and a prescription for Norco 10/325mg #90 with 1 refill. On January 29, 2015, the Utilization Review denied authorization for 24 physical therapy visits and a prescription for Norco 10/325mg #90. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 01/05/2015 report, this patient presents with "chronic low back pain with radiation to the back of both legs" that is an 8/10 without medications. The patient is status post lumbar fusion from L2-L4 and is outside of post-surgical time-frame and for therapy treatments. The current request is for 24 physical therapy visits and the Utilization Review modified the request to 8 physical therapy visits. The request for authorization is not provided for review. The patient's work status is "defer to primary treating physician." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records shows no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. However, there is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 24 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request IS NOT medically necessary.

Norco 10/325 mg #72: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78,88-89, 60-61.

Decision rationale: According to the 01/05/2015 report, this patient presents with "chronic low back pain with radiation to the back of both legs" that is an 8/10 without medications. The current request is for Norco 10/325mg, #72. This medication was first mentioned in the 10/02/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4A's; analgesia, ADLs, adverse side effects, and aberrant 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. In reviewing the provided reports, the treating physician states "taking Norco 3 tablets daily helps bring her pain down from an 8-9/10 to a 3-4/10 which is tolerable." "The medications enable her to walk for 10 minutes, sleep and do activities of daily living with assistance." The most recent USD was obtained on11/05/2014; the result was "consistent with patient's prescribed analgesics without evidence of illicit drug use." In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

Norco 10/325 mg #90 DNF until 2/2/15: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: According to the 01/05/2015 report, this patient presents with "chronic low back pain with radiation to the back of both legs" that is an 8/10 without medications. The current request is for Norco 10/325mg, #90 DNF until 02/02/2015 and the Utilization Review modified the request to 1 prescription for Norco 10/325mg, #72 and states "Guidelines recommend a weaning schedule of 20% of dose to prevent withdrawal." This medication was first mentioned in the 10/02/2014 report; it is unknown exactly when the patient initially started taking this medication." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4A's; analgesia, ADLs, adverse side effects, and aberrant 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. In reviewing the provided reports, the treating physician states "taking Norco 3 tablets daily helps bring her pain down from an 8-9/10 to a 3-4/10 which is tolerable." "The medications enable her to walk for 10 minutes, sleep and do activities of daily living with assistance." The most recent USD was obtained on11/05/2014; the result was "consistent with patient's prescribed analgesics without evidence of illicit drug use." In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

Gabapentin 300 mg #90 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin (Neurontin) Page(s): 18-19, 49.

Decision rationale: According to the 01/05/2015 report, this patient presents with "chronic low back pain with radiation to the back of both legs" that is an 8/10 without medications. The

current request is for Gabapentin 300mg #90 with 1 refill. This medication was first mentioned in the 11/05/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of the provided reports indicates that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. The treating physician documented in the 11/05/2014 report that the patient "rates her pain to be an average 5-6/10 on the VAS scale and managed fairly well with her current medication." On the 01/05/2015 report, the treating physician states the medications "bring her pain down from an 8-9/10 to a 3-4/10 which is tolerable." In this case, given that the patient's neuropathic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. The current request IS medically necessary.