

Case Number:	CM15-0133560		
Date Assigned:	07/21/2015	Date of Injury:	11/11/2002
Decision Date:	08/18/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 64 year old male, who sustained an industrial injury on November 11, 2002. Treatment to date has included lumbar fusion, medications, diagnostic imaging, home exercise program, heat/ice therapy and medications. Currently, the injured worker complains of lumbar spine pain. He rates his pain a 5 on a 10-point scale with medications and a 10 on a 10-point scale without medications. He reports that his pain significantly impacts his work, concentration, mood and sleep. He reports that his medication regimen reduces his pain by 50%. He is able to walk for thirty minutes three times per week, perform household chores and perform self-care with his medications. His current medication regimen includes Norco, Voltaren gel, Lidoderm patch and Lyrica. On physical examination the injured worker has severe pain to touch with movement along the lumbosacral region. His lumbar flexion is 70% restricted and he is unable to extend. His lateral bending is restricted to 70%. He has positive bilateral straight leg raise tests and Patrick's tests. The injured worker has tenderness to palpation over the bilateral shoulder joint spaces and his bilateral shoulder range of motion is restricted. He also reveals tenderness to palpation across the bilateral knee joint spaces. The diagnoses associated with the request include chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, post-laminectomy syndrome of the lumbar region, degeneration of the lumbar or lumbosacral intervertebral disc, sacroilitis, degenerative joint disease of the shoulder region, lumbar facet joint pain, lumbar radiculopathy, myalgia and myositis, sacroilitis and osteoarthritis. The treatment plan includes physical therapy, continuation of heat/ice therapy, home exercise and a trial of Percocet for mobility and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (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. The patient has been using opioids for long period of time without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. Therefore, the prescription of Percocet 10/325mg, #90 is not medically necessary.

6 physical therapy sessions: Upheld

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

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

Decision rationale: According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active

therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) There is no documentation of change in the patient's symptoms and/or condition. There is no recent objective findings that support musculoskeletal dysfunction requiring physical therapy. The patient has been performing home exercise program that there is no indication that this program has failed. Therefore, the request for 6 physical therapy sessions is not medically necessary.