

<b>Case Number:</b>	CM15-0140297		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, Pain Management

### 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 56 year old male, who sustained an industrial injury on 9-12-2013. He reported right hand pain, low back, and right lateral hip pain after moving a heavy object. The injured worker was diagnosed as having chronic right elbow pain with lateral and medial epicondylitis, and chronic low back pain. Treatment to date has included urine drug screening (3-31-2015), physical therapy of the right upper extremity and right elbow, electrodiagnostic studies, x-rays. The request is for physical therapy for the right upper extremity and right elbow; physical therapy for the low back; and Norco. On 1-15-2015, he reported right arm pain. His work status is light duty. The provider noted wanting to find out what the QME report stated before proceeding. Physical examination revealed he is obese, uses a cane for ambulation, stable vital signs, and notation of examination only on the right arm which demonstrated tenderness over the median and lateral epicondyle and limited range of motion. On 4-13-2015, he had a physical therapy initial examination. He reported right forearm pain and having had 5 surgeries. The treatment plan was for physical therapy 1-2 times weekly for 3 weeks. On 6-16-2015, he is noted to have completed 8 physical therapy sessions for the right upper extremity and right elbow. He reported that physical therapy helped decrease his overall pain and increase range of motion to the elbow. He requested a refill on Norco which he reported taking 1 to 3 tablets per day as needed. Objective findings were noted as no significant changes. The treatment plan included: refilling Norco and Motrin, continue Lyrica, Nortriptyline, Lidoderm patches, and Voltaren gel, x-rays of the lumbar spine, physical therapy for the right upper extremity and elbow, and physical therapy for the low back. His work status is noted as no repetitive

keyboarding, no repetitive reaching or lifting with the right upper extremity, and no forceful gripping or grasping. The documentation does not demonstrate physical examination of the low back. A magnetic resonance imaging of the low back completed on 7-18-2013, is reported to have shown disc encroachment, annular tears and joint facet arthropathy. The magnetic resonance imaging report is not available for this review. The provider noted he had completed 8 physical therapy sessions for the low back with improvement of mobility and decreased pain with therapies in the past.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical therapy, right upper extremity/right elbow Qty: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the 8 visits of PT recommended by the CA MTUS for epicondylitis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

#### **Norco 5/325 mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go

on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

**Physical therapy, low back Qty: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS as a trial, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.