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| Case Number: | CM15-0148807 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 05/27/2008 |
| Decision Date: | 09/17/2015 | UR Denial Date: | 07/17/2015 |
| Priority: | Standard | Application Received: | 07/30/2015 |

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, New York
 Certification(s)/Specialty: Family Practice

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 52 year old male who sustained an industrial injury on 05-27-2008. The injured worker was diagnosed with lumbar spine disc protrusion, lumbar spine spondylolisthesis, bilateral re-tearing of the meniscus and sleep disturbance. The injured worker is status post lumbar spine surgery in 2010 (no procedure documented), right knee meniscectomy in 2011 and left knee meniscectomy in July 2014. Treatment to date has included diagnostic testing, surgery, physical therapy, ambulatory devices and medications. According to the primary treating physician's progress report on June 15, 2015, the injured worker continues to experience lower back and bilateral knee pain. The injured worker rates his back and left knee pain level at 7-8 out of 10 on the pain scale and right knee pain at 6 out of 10. Both levels have decreased by 1-2 points on the pain scale since last visit. Examination of the lumbar spine demonstrated grade 3 tenderness to palpation over the paraspinal muscles with restricted range of motion. The bilateral knees were documented as unchanged at grade 2 tenderness with a positive McMurray's sign on the right. Current medications were listed as Norco 10mg-325mg and Celebrex. Treatment plan consists of the current request for additional physical therapy for the lumbar spine and bilateral knees, psychological evaluation, Celebrex and Norco 10mg-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy, 12 sessions, 3 x 4, lumbar spine & bilateral knees: 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): 98-99.

Decision rationale: The request for physical therapy for the lumbar spine is not medically necessary. The patient had already received physical therapy without any documented objective improvement in pain and function. The patient had improved pain and 20% improvement in activities of daily living but no objective documentation. Patient should be able to do home exercises to continue therapy. As per MTUS, myalgias should be treated with 9-10 visits over 8 weeks. His 12 additional sessions would exceed this limit. Therefore, the request is considered not medically necessary.

Norco 10/325mg #84: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for extended amount of time without objective documentation of the improvement in pain and function. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, NSAIDs Page(s): 30, 67.

Decision rationale: The request is considered not medically necessary. As per MTUS guidelines, NSAIDs are recommended for short-term symptomatic relief. MTUS guidelines state that NSAIDs may not be as effective as other analgesics. Chronic NSAID use can potentially have many side effects including hypertension, renal dysfunction, and GI bleeding although less so with Celebrex. There was no objective documentation of functional improvement. Therefore, the request is considered not medically necessary.

Psych evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The request is considered not medically necessary. As per the chart, the patient was already seeing a psychiatrist due to depression but was not on any medication. The patient claimed the depression was not related to the claim. The patient is already receiving psychiatric care so an additional evaluation is not required. Therefore, the request is considered not medically necessary.