

Case Number:	CM15-0192553		
Date Assigned:	10/06/2015	Date of Injury:	04/04/2001
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of April 4, 2001. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve requests for Dilaudid and 16 sessions of physical therapy. The claims administrator referenced an RFA form received on September 11, 2015 and progress notes of August 16, 2015, August 13, 2015 and August 10, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 11, 2015, MS Contin, Dilaudid, Diclofenac, additional physical therapy and baclofen were all seemingly sought. On a handwritten note dated August 13, 2015, the applicant reported ongoing complaints of neck and low back pain, 9/10. The note was very difficult to follow and not entirely legible. The applicant was described as severely constipated. Dilaudid was generating "inadequate pain relief," the treating provider suggested. Physical therapy was sought. The applicant was described as having severe myofascial pain complaints. The applicant's work status was not detailed. On July 16, 2015, the applicant reported 9/10 low back and neck pain. The applicant was described as severely obese, standing 5'9" tall and weighing 338 pounds. The applicant's medication list apparently included Dilaudid, chlorthalidone, Diclofenac, EpiPen, Neurontin, Allegra, losartan, Lopressor, Zocor, Spiriva, trazodone, and an antacid. The applicant exhibited a visibly antalgic gait. The applicant was using a walking stick to move about. The attending provider again stated that the applicant was deriving inadequate analgesia owing to ongoing medication consumption. Baclofen, MS Contin, Dilaudid, and physical therapy were endorsed. The applicant was asked to discontinue Tizanidine. The note was very difficult to follow, not entirely legible, and, once again, did not clearly report the applicant's work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Dilaudid 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Dilaudid, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly stated on handwritten progress notes of August 13, 2015 or July 16, 2015, suggesting that the applicant was not, in fact, working. Severe, constant pain complaints of 9/10 range were reported on both dates. The applicant was having difficulty standing and walking and was apparently using a walking stick to move about, the treating provider reported on July 16, 2015. All of the foregoing, taken together, strongly suggested that the applicant had in fact failed to profit from ongoing Dilaudid usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

16 sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Introduction.

Decision rationale: Similarly, the request for 16 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. The 16-session course of treatment at issue, in and of itself, represented treatment in excess of the 9 to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant work and functional status were not clearly reported on office visit of July 16, 2015 and August 13, 2015, suggesting that the applicant was not, in fact, working. The applicant remained dependent on opioid agents, such as Dilaudid and MS Contin, it was acknowledged on those dates. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for an additional 16 sessions of physical therapy was not medically necessary.