

Case Number:	CM15-0194825		
Date Assigned:	10/08/2015	Date of Injury:	05/05/2011
Decision Date:	11/19/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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: Massachusetts

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 38 year old male who sustained an industrial injury May 5, 2011. Past history included status post L4-S1 laminectomies and L5-S1 posterior lumbar interbody fusion with instrumentation February 4, 2015. According to a physician's handwritten progress notes dated August 28, 2015, the injured worker presented with complaints of increased back pain with standing greater than 5 minutes. Pain level range is documented as 4-8 out of 10, and increased with walking and standing. The treating physician documented that the spinal surgeon recommended stopping therapy. The injured worker reported physical therapy made him worse. Some hand written notes are difficult to decipher. The physician further documented the injured worker is frustrated due to chronic back pain and has suicidal ideation. The physician documented; "X-rays performed July 27, 2015, revealed PLIP hardware stable and secure; grade II spondylolisthesis has not moved". Diagnoses are lumbar spine radiculopathy; status post laminectomy fusion at L5-S1. Treatment plan included needing a report from the spine surgeon, trial of Xanax, Soma, psychologist consultation as soon as possible, and to hold physical therapy. The treating physician noted the injured worker taking Norco 7.5-325mg 3-4 per day in May and June 2015 and Norco 5-325mg 3-4 times per day August 5, 2015. At issue, is a request for authorization dated August 31, 2015, for Norco 10-325mg quantity 90 and physical therapy, lumbar x 12. A toxicology laboratory report dated March 21, 2014 is present in the medical record and inconsistent for Tramadol. According to utilization review dated September 10, 2015, the requests for Physical Therapy Lumbar times (12) and Norco 10-325mg #90 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

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

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

Decision rationale: The claimant sustained a work injury in May 2011 and underwent a multilevel laminectomy with an instrumented L5/S1 posterior lumbar fusion in February 2015. He was referred for physical therapy in April 2015. In May 2015 he was attending physical therapy 3 times per week which was helping. In August 2015 he felt he had stayed the same. He had back pain rated at 5/10 and was having right lower extremity paresthesias. He had relief when lying down and when taking medications. He had worse symptoms after having attended physical therapy. He was continuing to take Norco 3-4 times per day. Physical examination findings included peri incisional tenderness. There was decreased right lower extremity sensation. Recommendations included restarting gabapentin. Norco was continued. Authorization for 12 sessions of physical therapy was requested to be provided at a different facility. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Physical Therapy for the Lumbar x12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The claimant sustained a work injury in May 2011 and underwent a multilevel laminectomy with an instrumented L5/S1 posterior lumbar fusion in February 2015. He was referred for physical therapy in April 2015. In May 2015 he was attending physical therapy 3 times per week which was helping. In August 2015 he felt he had stayed the same. He had back pain rated at 5/10 and was having right lower extremity paresthesias. He had relief when lying down and when taking medications. He had worse symptoms after having attended physical therapy. He was continuing to take Norco 3-4 times per day. Physical examination findings included peri incisional tenderness. There was decreased right lower extremity

sensation. Recommendations included restarting gabapentin. Norco was continued. Authorization for 12 sessions of physical therapy was requested to be provided at a different facility. After the surgery performed, guidelines recommend up to 34 visits over 16 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and, with documentation of functional improvement, a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the claimant reports worsening of his condition after participating in an unknown number of therapy sessions. However, the total number of sessions being requested is in excess of what would be an initial course of therapy and without benefit prescribing therapy in excess of the initial course of treatment is not medically necessary.