

Case Number:	CM15-0200045		
Date Assigned:	10/15/2015	Date of Injury:	05/27/2008
Decision Date:	11/24/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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: Arizona, California

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 62 year old male, who sustained an industrial injury on 5-27-2008. The injured worker is being treated for lumbar sprain-strain, status post lumbar surgery (2010), right knee meniscal tears status-post surgery, right knee meniscal re-tear, left knee meniscal tear status-post surgery, sleep disturbance and depression. Treatment to date has included physical therapy, and medications. Per the Primary Treating Physician's Progress Report dated 9-03-2015, the injured worker reported pain in the lower back and bilateral knees. He rated his lower back pain as 7 out of 10 which had increased from 6 out of 10 at the last visit. His pain in the bilateral knees was rated as 7 out of 10 which was unchanged since the previous visit. Objective findings included grade 2-3 tenderness to palpation over the paraspinal muscles with restricted range of motion, which was unchanged from previous visit. There was grade 1-3 tenderness to palpation over the right knee which has decreased from grade 2-3 on the last visit and grade 2-3 tenderness of the left knee which has remained the same since the last visit. On 5-18-2015 lower back pain was rated as 8 out of 10 which had increased since the last visit and knee pain was rated 8 out of 10 on the right, increased and 6 out of 10 on the left, which remained the same. Per the medical records dated 5-18-2015 to 9-03-2015 there is no documentation of significant improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. Work status was temporary total disability. The plan of care included, and authorization was requested for 12(3x4) additional sessions of physical therapy, urine toxicology, and Norco 10-325mg #84. On 9-28-2015, Utilization Review non-certified the request for 12 additional sessions of physical therapy and Norco 10-325mg #84.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy three per week for four weeks (3x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Knee Complaints 2004, Section(s): Initial Care, Activity Alteration, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Knee, Low Back.

Decision rationale: According to the guidelines, 34 visits of physical therapy over 4 months and 12 visits over 3 months after surgery for spinal fusion and meniscal surgery respectively are appropriate. In this case, the claimant completed the surgeries over 1 year ago. The amount of therapy completed and response to treatment is unknown. There is no indication that additional therapy cannot be completed at home. The request for additional 12 sessions of physical therapy is not medically necessary.

Norco 10/325mg; one every 6 hours #84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months without significant improvement in pain or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.