

Case Number:	CM15-0201101		
Date Assigned:	10/16/2015	Date of Injury:	10/24/2010
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 55 year old female, who sustained an industrial injury on 10-24-10. The injured worker was diagnosed as having lumbar intervertebral disc displacement without myelopathy; depressive disorder NOS. Treatment to date has included lumbar epidural steroid injections; physical therapy; chiropractic therapy; medications. Currently, the PR-2 notes dated 8-6-15 indicated the injured worker was in the office for a follow-up appointment. The provider documents The patient fell on 7-20-15 on her left knee and the hip. Complains of more pain and left weakness since then. She got check at ED and diagnosed with contusion of soft tissue. Patient states having done 2 LESI (lumbar epidural steroid injections), chiropractic physiotherapy without lasting benefits and having been evaluated by a spine surgeon, declining surgery. The patient reports of ongoing pain in the mid back and low back with radiation to both arms, both legs, more pain in the right shin and ankle, and both feet. The pain is frequent in frequency and moderate in intensity. On a scale of 0 to 10 (when 0 is no pain and 10 is worst pain), she rates the severity of pain as 9, and 4 at its least and 9 at its worst. She describes the pain as sharp, burning, throbbing, cramping, shooting and burning with muscle pain, pins and needles sensation, skin sensitivity to light touch and abnormal hair-nail growth. The pain is aggravated by bending forward, backward, reaching, kneeling, stooping, crawling, doing exercises, coughing and straining, pushing shopping cart and leaning forward, prolonged standing, sitting and walking. Her back pain is 55% of her pain and her leg pain is 45%. In regards to functional limitations, she avoids going to work, socializing, physical exercise, household chores, driving and sexual relations due to pain. The provider's treatment plan includes a request for conservative treatment with medications and TENS unit. He

is also requesting medications. Prior PR-2 notes back as far as 1-20-2015 indicated the only medications prescribed have been Tramadol ER (Ultram) 150mg daily prn #30; Gabapentin 600mg three times a day and Cyclobenzaprine 7.5mg twice a day. A Request for Authorization is dated 10-12-15. A Utilization Review letter is dated 9-15-15 and non-certification for Conservative management 2 x 5, quantity 10 and Vicodin 5/300mg #60. A request for authorization has been received for Conservative management 2 x 5, quantity 10 and Vicodin 5/300mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conservative management 2 x 5, quantity 10: 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.

Decision rationale: According to the CA MTUS/ ACOEM Chronic Pain Medical Treatment Guidelines page 9, therapy for chronic pain ranges from single modality approaches for the straightforward patient to comprehensive interdisciplinary care for the more challenging patient. Therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when performed in an integrated manner. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Typically, with increased function comes a perceived reduction in pain and increased perception of its control. This ultimately leads to an improvement in the patient's quality of life and a reduction of pain's impact on society. Physical therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical Medicine Guidelines-Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. In this case the request is for "conservative management." It is unclear from the documentation what is exactly meant by this term. This could indicate activity modification, heat/cold modalities, physical therapy, chiropractic treatments, massage therapy etc. Due to the lack of specificity of the request, the medical necessity can not be established. The request is therefore not medically necessary.

Vicodin 5/300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The worker has been treated with Tramadol, a synthetic opioid, since 1/20/15. The current request is for treatment with a different opioid. However, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/3/15. Therefore, the request does not meet the criteria set forth in the guidelines and the request is not medically necessary.