

Case Number:	CM15-0201674		
Date Assigned:	10/16/2015	Date of Injury:	06/12/2014
Decision Date:	11/30/2015	UR Denial Date:	09/24/2015
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: Washington, 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 injured worker is a 54 year old male who sustained an industrial injury 06-12-14. A review of the medical records reveals the injured worker is undergoing treatment for lumbar spine degenerative disc disease, L5-S1 bulging disc, bilateral knee pain and early degenerative disease, and bilateral carpal tunnel syndrome. Comorbid conditions include obesity (BMI 41.8). Prior treatment included medications (including Norco and Motrin), physical therapy (12 sessions) and right knee surgery. Medical records October 2014 to August 2015 reported back pain rated 3- 8/10, knee pain rated 4-8/10 and pain in the shoulder and wrist, hand and feet. The provider's progress note on 09-16-15 revealed that the injured worker continued to complain of persistent pain in the lower back and left shoulder rated at 4/10, bilateral wrist and hand pain rated at 6/10, pain in the bilateral knees rated at 4/10, and pain in the bilateral feet rated at 2/10. Norco reportedly reduces his pain from 6/10 to 2/10. The physical exam revealed mild paraspinal lumbar tenderness, decreased lumbar range of motion in the left shoulder, positive carpal tunnel compression test bilaterally, and a slight decrease in the range of motion in the bilateral knees with tenderness and crepitus noted in the left knee. The original utilization review (09-24-15) non-certified the request for 12 physical therapy sessions to the lumbar spine, and modified the request for Norco 10/325 #60 to #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the lumbar spine and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic), Physical medicine treatment.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Initial Care, Summary, and Knee Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for musculoskeletal inflammation should show a resultant benefit by 10 sessions over an 8 week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommend that physical therapy for patients with delayed recovery be time contingent. This patient has chronic musculoskeletal conditions that will require repeat PT treatments for exacerbation of pain. He has already had multiple PT sessions since his injury in 2014. Although repeat physical therapy can be effective for exacerbations of chronic musculoskeletal pain, the medical records document the patient's present symptoms as continuing pain from his injury rather than an exacerbation of that injury. Furthermore, there is no documentation that the patient has followed up the prior physical therapy with an ongoing home exercise program. Considering all the available information, further formal physical therapy program is not recommended by the MTUS guidance. The request is not medically necessary and has not been established.

60 Norco 10/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs.

nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. At this point in the care of this patient the safe use of chronic opioid therapy is at question. There is no documentation of failure from use of a first-line chronic pain medication, a patient opioid use contract, comments on side effects from opioid therapies or screening for addiction or aberrant behaviors/medication misuse. The safe use of chronic opioid therapy should have this documentation. The request for the continued safe use of this medication is not medically necessary and has not been established.