

Case Number:	CM15-0206919		
Date Assigned:	10/23/2015	Date of Injury:	01/03/2007
Decision Date:	12/30/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/20/2015

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: California

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 67 year old female, who sustained an industrial injury on 1-3-07. The injured worker was diagnosed as having lumbar spondylolisthesis; lumbar degenerative disease. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-27-15 indicated the injured worker returns to this office for a follow-up and reports she has recently retired. Her pain is recently flared in her back without history of recent trauma. The provider notes "The patient unfortunately benefits from the necessary medication. We have asked her to use this as sparingly as possible, but detailed analysis surely is helpful. Without medications, the patient has a VAS score of 78. With the current regimen of medication, the patient's function dramatically improved. The VAS score has now been reduced to 21. The analgesic medications provide substantial reduction of pain for a minimum of up to six hours and as noted the VAS scores, improve function and quality of life." On this date, she reports significant spasm in the right paralumbar area which the provided injected. He documents "The patient exhibited a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produced a local twitch in response to pressure against the band. She developed a myofascial pain syndrome with direct relationship between specific trigger points and associated region of pain." He injected Decadron and ketorolac into the trigger point. The provider documents a physical examination. Medications refills were requested. It is noted that these same medications have been prescribed since the PR-2 notes-provider's pharmacy form data dated 1- 21-15. A Request for Authorization is dated 9-29-15. A Utilization Review letter is dated 9-28- 15 and non-certification for Physical Therapy Evaluation, Lumbar Spine x1;

Physical Therapy, Twice Weekly for 3 Weeks, Lumbar Spine x6 sessions; Voltaren 100mg #60. Utilization Review modified the certification for Ultram 50mg #60 with 1 Refill for Ultram 50mg #60 with no refill for the purpose of weaning and Vicoprofen 200-7.5mg #60 to allow with only 30 tablets without refill for the purpose of weaning. A request for authorization has been received for Physical Therapy Evaluation, Lumbar Spine x1; Physical Therapy, Twice Weekly for 3 Weeks, Lumbar Spine x6 sessions; Voltaren 100mg #60; Ultram 50mg #60 with 1 Refill and Vicoprofen 200- 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Evaluation, Lumbar Spine QTY: 1:

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy evaluation, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, it is unclear how many therapy sessions the patient has already undergone making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for their diagnosis. In the absence of such documentation, the current request for physical therapy evaluation is not medically necessary.

Physical Therapy, Twice Weekly for 3 Weeks, Lumbar Spine QTY: 6: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for Physical Therapy, Twice Weekly for 3 Weeks, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to

maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, it is unclear how many therapy sessions the patient has already undergone making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for their diagnosis. In the absence of such documentation, the current request for Physical Therapy, Twice Weekly for 3 Weeks is not medically necessary.

Voltaren 100mg QTY: 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Voltaren, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is identification that this medicine is providing analgesic benefits and objective functional improvement. Additionally, no intolerable side effects were reported. As such, the currently requested Voltaren is medically necessary.

Ultram 50mg QTY: 60 with 1 Refil: Upheld

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

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

Decision rationale: Regarding the request for Ultram 50mg QTY: 60 with 1 Refill, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and

pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects. In light of the above, the currently requested Ultram 50mg QTY: 60 with 1 Refill is medically necessary.

Vicoprofen 200/7.5mg QTY: 60: 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 Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation ODG, Pain Chapter, Hydrocodone/Ibuprofen (Vicoprofen).

Decision rationale: Regarding the request for Vicoprofen 200/7.5mg QTY: 60, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. ODG states that Vicoprofen should not be used for longer than 10 days. Within the documentation available for review, it appears the patient is on 2 short acting opiate pain medications. Guidelines generally recommend against the use of 2 PRN dosed opiates. Additionally, it appears the patient has been using this medication for longer than the 10 days recommended by ODG. As such, the currently requested Vicoprofen 200/7.5mg QTY: 60 is not medically necessary.