

Case Number:	CM15-0020243		
Date Assigned:	02/10/2015	Date of Injury:	05/06/2005
Decision Date:	03/26/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/03/2015

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:

This 54 year old female sustained an industrial injury on 5/6/05, with subsequent ongoing low back and neck pain. Treatment included medications, physical therapy (unclear how many sessions), pool therapy and home exercise. In an office note dated 8/25/14, the physician noted that the injured worker complained of worsening low back pain. Lumbar spine x-ray (8/8/14) showed the cage to be in good position with good progression of spinal fusion. The physician noted that the injured worker had diffuse back pain, possibly related to fibromyalgia as her lumbar fusion was progressing and would not account for her current pain. In a PR-2 dated 1/13/15, the injured worker complained of significant pain to the low back with radiating pain down bilateral thighs, pain and spasm to the neck and significant weakness to bilateral lower extremities. Physical exam was remarkable for cervical spine and lumbar spine with tenderness to palpation, spasm and decreased range of motion and decreased sensation to bilateral thighs. Current diagnoses included cervical spine disc bulge and lumbar spine disc bulge status post L3-4 fusion. The treatment plan included pain management consultation, physical therapy three times a week for four weeks for the neck and low back and medications (Norco, Flexeril and Ativan). On 1/26/15, Utilization Review noncertified a request for Norco 10/325mg; #60 and Physical therapy; twelve (12) sessions (3x4), cervical and lumbar spine citing ACOEM and CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; twelve (12) sessions (3x4), cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

Norco 10/325mg; #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Norco, 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 no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.