

<b>Case Number:</b>	CM15-0022550		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	11/10/2008
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 56-year-old female who reported injury on 11/10/2008. The mechanism of injury was a slip and fall while exiting a bus. Prior therapies included cortisone injections and physical therapy. Additional prior therapies included medications. The injured worker underwent an MRI of the lumbar spine. The injured worker was previously treated with a right sacrococcygeal injection. The documentation of 12/18/2014 revealed the injured worker had a flare up of pain. The physical examination revealed the lumbar range of motion was unrestricted. Sitting and lying to the side avoiding pressure on the sacrococcygeal area. The injured worker had tenderness in the sacrococcygeal region. The straight leg raise was positive on the right. The range of motion of the bilateral hips was unrestricted. The injured worker had light touch decreased at the S1 distribution. The diagnoses included chronic sacrococcygeal pain with flare up and chronic right leg pain with flare up. The treatment plan included 4 sessions of physical therapy to control pain with spray and stretch technique to restore functionality and reduce pain. The medications prescribed included a Medrol dose pack, Motrin 600 mg, and Norco 5/325 mg as needed for severe pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy, once weekly for 4 weeks, lumbar spine, per 12/18/14 RFA:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back (Updated 11/21/14), Physical Therapy.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine for up to 10 visits for myalgia. The clinical documentation submitted for review indicated the injured worker had previously undergone therapy. There was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy. There was a lack of documentation indicating the objective functional benefit received from prior sessions. Given the above and the lack of documentation, the request for additional physical therapy once weekly for 4 weeks, lumbar spine, per 12/18/2014 RFA is not medically necessary.

**Norco 5/325mg quantity unspecified, per 12/18/14 RFA:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications; Specific Drug List, Hydrocodone/Acetaminophen; Criteria for Use of Opioids Page(s): 124, 94, 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. There was a lack of documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The request as submitted failed to include the frequency and quantity of medication being requested. Given the above, the request for Norco 5/325mg quantity unspecified, per 12/18/14 RFA is not medically necessary.

**Motrin 600mg, quantity unspecified per 12/18/14 RFA:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs Page(s): 67-68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. It is

generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to include the frequency and quantity of medication being requested. Given the above, the request for Motrin 600mg, quantity unspecified per 12/18/14 RFA is not medically necessary.