

<b>Case Number:</b>	CM15-0023104		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	05/20/1997
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/14/2015
<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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 reported an injury on 05/20/1997. The mechanism of injury was unspecified. Her relevant diagnoses include low back pain, degenerative changes in the lumbosacral spine, low back pain with radicular symptoms, myofascial tension in the low back, left knee pain, opioid induced constipation, and diabetes. Her past treatments included physical therapy and medications. On 01/05/2015, the injured worker complained that cold night temperatures increased her pain and decreased her activity tolerance. The documentation indicated Vicodin improved her symptoms by over 50%. The injured worker also noted that the benefits of chronic pain medication increased her activity level and rest continues to assist. The injured worker was also noted to be exercising by walking up to 30 to 60 minutes with interval breaks due to increased pain. The physical examination revealed tenderness to palpation along with muscle spasms in the paravertebral muscles of the lower thoracic and upper lumbosacral spine. The injured worker was also indicated to have decreased strength in the lower extremities. Her relevant medications were noted to include benazepril, felodipine, aspirin, magnesium, oxybutynin, metformin, sulfonylurea, Lyrica, Vicodin, Cymbalta, and docusate. The treatment plan included continuation of medications and physical therapy with aquatic therapy to reduce pain and stiffness due to an acute exacerbation triggered by cold weather. A Request for Authorization was submitted on 01/05/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 4:** 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:** The request for Physical therapy x 4 is not medically necessary. According to the California MTUS Guidelines, physical medicine for patients with neuralgia, neuritis, and radiculitis are allotted 8 to 10 sessions over 4 weeks. The injured worker was indicated to have had previous physical therapy sessions. However, there was lack of documentation in regard to the number of previous sessions completed along with documented objective functional improvement. In addition, the request failed to specify a body region for treatment. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Vicodin 5/300mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** The request for Vicodin 5/300mg #60 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker was indicated to have been on Vicodin for an unspecified duration of time. However, there was lack of documentation in regard to objective functional improvement and objective decrease in pain from the specific use of Vicodin. Furthermore, there was lack of documentation in regard to evidence for monitoring for side effects and aberrant drug related behaviors. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.