

Case Number:	CM15-0215461		
Date Assigned:	11/05/2015	Date of Injury:	12/11/2014
Decision Date:	12/16/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/02/2015

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

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 42 year old male, who sustained an industrial injury on 12-11-2014. The injured worker was diagnosed as having lumbar sprain. Treatment to date has included diagnostics, physical therapy (12 sessions to date, per progress report 3-24-2015, with "minimal effect", 12 sessions authorized on 4-08-2015), and medications. On 9-24-2015, the injured worker complains of continued low back pain with radiation to the left hip, pain rating not specified. Objective findings noted decreased lumbar motion and positive straight leg raise. Function with activities of daily living was not described. Current medication regimen was not noted. Work status was not specified. The treatment plan, per the Request for Authorization dated 9-24-2015, included Medrol pack, Norco 5-325mg #75, Naprosyn 500mg #60, and physical therapy 3x3. The duration of medication use for Norco could not be determined, as many progress reports did not specify the medication regimen. Urine toxicology was not referenced. The progress report dated 7-20-2015 noted "no improvement with physical therapy." On 10-07-2015, Utilization Review non-certified a request for Medrol pack (as directed, prescribed 9-24-15), Norco 5-325mg (1 every 6 hours as needed) #75 (prescribed 9-24-15), and physical therapy for the lumbar spine, 3x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Pack, Use as Directed, prescribed 9-24-15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version), Medrol dose pack; Neck and Upper Back Chapter (Online Version), Oral corticosteroids; Lumbar Chapter (Online Version), Medrol dose pack.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Oral corticosteroids, page 624.

Decision rationale: Per the guidelines, oral corticosteroids (Medrol Dose pack) are not recommended for acute, sub-acute and chronic spine and joint pain due to the lack of sufficient literature evidence (risk vs. benefit, lack of clear literature) and association with multiple severe adverse effects with its use. There is also limited available research evidence, which indicates that oral steroids do not appear to be an effective treatment for patients with spine problems as noted here and has serious potential complications associated with long-term use. Submitted reports have not demonstrated specific indication and support for use outside guidelines criteria for this chronic 2014 injury without demonstrated functional improvement from pharmacological intervention received. The Medrol Pack, Use as Directed, prescribed 9-24-15 is not medically necessary and appropriate.

Norco 5/325mg 1 Every 6 Hours as Needed #75, prescribed 9-24-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased

ADLs and functional work status with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Norco 5/325mg 1 Every 6 Hours as Needed #75, prescribed 9-24-15 is not medically necessary and appropriate.

Physical Therapy 3 Times Per Week for 3 Weeks to the Lumbar Spine: 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 rationale: Review indicates that previous PT noted no improvement with minimal effect. Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization from the formal physical therapy already rendered to support further treatment for this 2014 injury. There has not been a change in neurological compromise or red-flag findings demonstrated for PT at this time. Submitted reports have also not adequately identified the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Physical Therapy 3 Times Per Week for 3 Weeks to the Lumbar Spine is not medically necessary and appropriate.