

Case Number:	CM15-0032963		
Date Assigned:	02/26/2015	Date of Injury:	05/08/2002
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 66-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 8, 2002. In a Utilization Review Report dated February 6, 2015, the claims administrator partially approved a request for Norco, denied a request for TENS unit supplies, and denied a request for six sessions of physical therapy. The claims administrator referenced progress notes of January 20, 2015 and January 15, 2015 in its determination. The applicant's attorney subsequently appealed. On November 6, 2014, the applicant reported persistent complaints of low back pain. The applicant was using Prozac for depression and Prilosec for dyspepsia. The applicant reported difficult doing housework. The applicant had been bedridden for the preceding two days owing to an alleged flare of pain. The applicant was status post gastric bypass surgery some several years prior, it was acknowledged. The applicant was given various medications including Prozac, Neurontin, and Prilosec, along with TENS unit patch. The applicant's complete medication list does not appear to have been detailed on this occasion. In an RFA form dated September 11, 2014, Norco and TENS pads were again renewed. Once again, the applicant's work status was not clearly outlined, although the applicant did not appear to be working. On January 15, 2015, the applicant was given refills of Prozac, Prilosec, Neurontin, Norco, and TENS unit pads. Laboratory testing was endorsed. Ongoing complaints of neck, shoulder, and low back pain were noted. The applicant did continue to have reported flares of pain which caused him to be bedridden from time to time, it was acknowledged. The applicant was quite depressed. It appeared that applicant was spending the

bulk of his time at home. The applicant's work status was not clearly detailed, although it did not appear the applicant was working. The applicant's wife was performing the bulk of the housework and household chores, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, however, the applicant's work status was not furnished on multiple progress notes, referenced above, including on January 15, 2015, suggesting that the applicant was not, in fact, working. The attending provider's commentary to the effect that the applicant was unable to perform household chores, was having difficulty ambulating, and was, at times, bedridden owing to heightened complaints of pain did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

Unknown TENS unit supplies and pads for thirty days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Similarly, the request for TENS unit pads and/or supplies was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month trial and, by implication, provision of associated supplies should be predicated on evidence of favorable outcome during said one-month trial, in terms of both pain relief and function. Here, however, the applicant work was/is off of work, on total temporary disability. The applicant continued to report heightened pain complaints as opposed to reduced pain complaints, despite ongoing usage of the TENS unit. Ongoing usage of TENS unit failed to curtail the applicant's reliance on opioid agents such as Norco, which the applicant was seemingly consuming at a rate of four times daily. All of the foregoing, taken together, suggested lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the TENS unit. Therefore, the request was not medically necessary.

Six physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

Decision rationale: Finally, the request for six sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant did not appear to have returned to work despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Previous physical therapy failed to curtail the applicant's dependence on opioids agents such as Norco. The applicant continues to report difficulty performing activities of daily living as basic as standing, walking, housekeeping, and the like. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for six additional sessions of physical therapy was not medically necessary.