

<b>Case Number:</b>	CM15-0036830		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 74 year old male, who sustained an industrial injury on 10/18/13. The injured worker has complaints of lower back pain, mainly at night or bending over to tie his shoes and picking things up. The diagnoses have included lumbar spine myofascitis with radiculitis and rule out lumbar. Magnetic Resonance Imaging (MRI) showed three bulging discs. According to the utilization review performed on 2/2/15, the requested Norco 10/325mg #90 has been modified to Norco 10/325mg #65 and the requested physical therapy x 8 has been non-certified. California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines; Criteria for use of opioids; chronic pain and Physical therapy were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbar spine myofasciitis with radiculitis; rule out lumbar spine disc injury; and psych deferred. The documentation shows the treating physician prescribe Norco as far back as July 1, 2014. The documentation is handwritten. There is no documentation with a risk assessment, detailed pain assessment or objective functional improvement associated with ongoing Norco with which to gauge Norco's efficacy. Consequently, absent clinical documentation with objective functional improvement and a detailed pain assessment and risk assessment, Norco 10/325 mg #90 is not medically necessary.

**Physical therapy x 8:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 8 sessions physical therapy is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar spine myofasciitis with radiculitis; rule out lumbar spine disc injury; and psych deferred. The documentation from a December 4, 2014 progress note states the injured worker would benefit from continued physical therapy two times per week times four weeks. A request for authorization for 12 sessions of physical therapy (two times per week from six weeks) was submitted July 1, 2014. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical records indicating additional physical therapy is indicated. Consequently, absent compelling clinical documentation with objective functional improvement (based on prior physical therapy), eight sessions physical therapy is not medically necessary.

