

Case Number:	CM15-0037173		
Date Assigned:	04/23/2015	Date of Injury:	07/20/2004
Decision Date:	05/20/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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: Connecticut, California, Virginia
 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 injured worker is a 60-year-old male, who sustained an industrial injury on 7/20/04. He reported left knee, left ankle and low back injury. The injured worker was diagnosed as having osteoarthritis of ankle and foot, lumbar spondylosis without myelopathy, peroneal neuropathy, peripheral neuropathy, osteoarthritis of knee and diffuse cellulitis. Treatment to date has included physical therapy, home exercise program and oral medications including opioids. Currently, the injured worker complains of pain of left knee, left ankle and left leg wound. The injured worker notes the pain is 6/10 with medications and 10/10 without medications. Physical exam noted restricted range of motion of lumbar spine and no tenderness to palpation. The treatment plan included continuation of current opioid regimen. A request for authorization was submitted for Norco and unknown physical therapy visits to include wound care.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: In this case, the provided documents requesting Norco show no indication of length of time over which the Norco will be likely be used. Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of multiple medical problems in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. Of concern in this case, a noted dated 4/20/15 indicated that the patient uses both Norco and Percocet for pain. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has a multitude of medical issues warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of details regarding plans for weaning, etc. in light of the chronic nature of this case, the request for Norco is not considered medically necessary.

Unknown Physical Therapy visits to include wound care bandages, 4x4 gauze and medical tape: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation are recommended as options in low back pain, and may be considered in other cases of chronic pain. With respect to therapeutic care, the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement allowing for up to 18 visits over 6-8 weeks. If the case is considered a recurrence/flare-up, the guidelines similarly indicate a need to evaluate treatment success. In either case, whether considered acute or recurrent, the patient needs to be evaluated for functional improvement in order to meet the standards outlined in the guidelines. In this case, the request for physical therapy and other modalities does not include details regarding number of sessions, etc., and the request is therefore not in-line with the guidelines to ensure clinical efficacy of treatment. Overall, it is quite possible the patient may benefit from conservative treatment with manual therapy at this time. In this case, the request for an unspecified number of visits to physical therapy, etc. without a definitive plan to assess for added clinical benefit as part of a defined treatment course, is not considered medically necessary.