

Case Number:	CM15-0050437		
Date Assigned:	03/23/2015	Date of Injury:	11/11/2000
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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 64-year-old female, who sustained an industrial injury on 11/11/00. The injured worker has complaints of low back pain. The diagnoses have included chronic low back pain; status post L5-S1 posterior decompression and fusion, 2002 and status post L4-S1 posterior decompression and fusion, 2008. Treatment to date has included L5-S1 posterior decompression and fusion on 4/1/02; removal of her prior fusion hardware with extension of the fusion to L4-L5 on 11/10/08; Magnetic Resonance Imaging (MRI) of the lumbar on 12/1/09 and medications. The requested treatment is for Norco and 6 osteopathic manipulative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

Decision rationale: The patient presents with low back pain rated 7/10. The request is for NORCO 10/325MG #150. The RFA provided is dated 02/16/15. Patient's diagnosis included chronic low back pain; status post L5-S1 posterior decompression and fusion, 2002 and status post L4-S1 posterior decompression and fusion, 2008. Treatments to date have included L5-S1 posterior decompression and fusion on 4/1/02; removal of her prior fusion hardware with extension of the fusion to L4-L5 on 11/10/08. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The prescription for Norco was mentioned in the progress report dated 06/27/14 and the patient has been taking it since at least then. The only pain assessment was reported in the medical record dated 03/17/11. Per the guidelines, pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. In this case, review of the most recent medical records provided does not indicate how Norco reduces pain and significantly improves patient's activities of daily living. The 4A's are not specifically addressed; there are no discussions regarding pain scales or validated instruments that address analgesia, adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

6 osteopathic manipulative treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Pain outcomes and endpoints Page(s): 58-59, 8-9.

Decision rationale: The patient presents with low back pain rated 7/10. The request is for 6 OSTEOPATHIC MANIPULATIVE TREATMENT. The RFA provided is dated 02/16/15. Patient's diagnosis included chronic low back pain; status post L5-S1 posterior decompression and fusion, 2002 and status post L4-S1 posterior decompression and fusion, 2008. Treatments to date have included L5-S1 posterior decompression and fusion on 4/1/02; removal of her prior fusion hardware with extension of the fusion to L4-L5 on 11/10/08. Patient is permanent and stationary. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle,

before also continuing up to 12 more visits (for a total of up to 24)." In this case, chiropractic treatment history is not known. The current request is for one treatment once a month for 6 months. Given the patient's diagnosis, a short course of 6 sessions would be reasonable. However, MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. The requested duration of six months is not within the guidelines. Therefore, the request IS NOT medically necessary.