

Case Number:	CM15-0051900		
Date Assigned:	03/25/2015	Date of Injury:	07/24/2000
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 53-year-old male, who sustained an industrial injury on July 24, 2000. He has reported right shoulder pain, lower extremity radiculopathy, lower back pain, and right knee pain. Diagnoses have included lumbar/lumbosacral degenerative disc disease, lumbar spine stenosis, chronic lower back pain, and right shoulder rotator cuff tear. Treatment to date has included medications, use of a cane, lumbar epidural steroid injection, spinal cord stimulator, physical therapy, multiple spinal fusions, revision of spinal fusions, and imaging studies. A progress note dated February 3, 2015 indicates a chief complaint of chronic lower back pain and increased right shoulder pain. The treating physician documented a plan of care that included medications, motorized wheel chair, home assistance urology evaluation, physical therapy, shoulder sling, pain management evaluation, and shoulder specialist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Discontinue Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of improved pain and functioning with the use of this chronic narcotic pain medication. In fact, records indicate a functional decline secondary to opiate use. This request is not medically necessary.

Nucynta 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Discontinue Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of improved pain and functioning with the use of this chronic narcotic pain medication. In fact, records indicate a functional decline secondary to opiate use. This request is not medically necessary.

Physical therapy x 12 to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 132-133 Page(s): Physical Medicine, page(s) 132-133.

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy, but now his physician is requesting an additional 12 sessions. The guidelines recommend fading of treatment frequency, with utilization of a home exercise program, which this request for a new physical therapy plan does not demonstrate. In addition, no goals,

regarding what this additional physical therapy hopes to accomplish, were submitted. Likewise, this request is not medically necessary.