

Case Number:	CM15-0240430		
Date Assigned:	12/17/2015	Date of Injury:	12/24/2013
Decision Date:	01/27/2016	UR Denial Date:	12/09/2015
Priority:	Standard	Application Received:	12/09/2015

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, Hawaii

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 53 year old male with an industrial injury date of 12-24-2013. Medical record review indicates he is being treated for low back pain, lower extremity pain, lumbar disc pain, post laminectomy syndrome, muscle pain, chronic pain syndrome and lumbar facet pain. Subjective complaints (11-30-2015) included low back pain. The treating physician noted physical therapy had helped with range of motion but pain and muscle spasms had worsened in the previous week. The pain is rated as 6 out of 10 without medications and 3 out of 10 with medications. "The medications allow him to do his activities of daily living, do his home exercise program and household chores. He is currently temporarily totally disabled." Current (11-30-2015) medications include Norco (since at least 05-18-2015) and Motrin. Prior medications included Flexeril, Naproxen and Tramadol. Prior treatment included H-Wave, physical therapy, medications, sacroiliac joint injection and chiropractic therapy (failed). Prior surgery was a discectomy on 08-13-2015. Physical exam (11-30-2015) noted decreased range of motion of the lumbar spine with tenderness to palpation. Sacroiliac joints were tender to palpation on the left side. The treating physician noted CURES was reviewed "today" and was consistent, urine drug screen was consistent and "there are no red flags." On 12-09-2015 the following requests were non-certified by utilization review: Norco 10-325 mg # 120, Massage therapy: low back, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy low back 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: The patient presents with low back pain. The current request is for massage therapy, low back, 6 sessions. The treating physician states, in a report dated 11/30/15, for the muscle spasms, he would like to try massage therapy. He has never tried massage therapy. We will request for six sessions of massage therapy for low back. (28B) The MTUS guidelines state massage therapy is recommended as an adjunct to other recommended treatment and should be limited to 4-6 visits in most cases. This request is within guideline recommendations. The current request is medically necessary.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with low back pain. The current request is for Norco 10/325mg #120. The treating physician states, in a report dated 11/30/15, he is taking Norco three to four times daily for the pain. (28B) The MTUS guidelines state: Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, the treating physician, based on the records available for review, states his pain without medications is a 6/10, and with medications it is a 3/10. The medications allow him to do to his activities of daily living, do his home exercise program, and household chores. The patient continues to feel that medications help control their pain and increase function. The feel they can perform increased ADLs with their medications. They deny any significant side effect with the medications. There is no aberrant behavior. The patient has signed an opioid contract with our office. The patient agrees to receive opioids only from our office (28B). The patient's ADL's have improved. The continued use of Norco has improved the patient's

symptoms, and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.