

Case Number:	CM14-0124014		
Date Assigned:	08/08/2014	Date of Injury:	10/31/2013
Decision Date:	10/15/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old female with a date of injury of 10/31/13. The mechanism of injury was from repetitive motion and pushing carts. She experienced left thigh pain and left leg pain. On 5/7/14, 6/4/14, and 7/10/14 she is noted to be on Tylenol #3 for pain. On 7/14/14 her Tylenol #3 was refilled. On 7/10/14 Norco was non-certified due to Tylenol #3 being on board, and no recent urine drug screen or opioid contract noted. A urine drug screen collected on 6/18/14 was positive for Hydrocodone and negative for codeine. On 7/16/14, the hand written notes stated she complained of left low back and left leg pain. She said there was numbness, burning, aching and tingling. On exam there was a slow and guarded gait, tenderness and positive straight leg raise, left greater than right, and decreased lumbar range of motion. The patient is noted to be on Norco and to continue Norco and begin physical therapy (PT). The diagnostic impression is left thigh pain and worsening left lower extremity radicular pain. Treatment to date: MRI low back, medication management, physical therapy (PT) A UR decision dated 7/29/14 denied the requests for Norco and physical therapy, number of visits unknown. The Norco was denied because a previous review on 7/10/14 denied the request for Norco. The patient was previously on Tylenol #3 and had a reduction of pain from a 7 to a 4. There was no additional information to explain why the patient was switched. There was no information regarding any assessment of the medication. A urine drug screen was obtained but there was no documentation of results. The request for physical therapy was denied because the previous reviewer on 7/10/14 modified the request to 8 session of PT for the lumbar spine. There is no current documentation regarding the outcome of these sessions. There is no indication of functional improvement or why a home exercise program could not suffice at this time.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, the patient was noted to be on Tylenol #3 on 5/7/14, 6/4/14, and 7/10/14 and again on 7/14/14. On 7/16/14 handwritten notes state that the patient will continue on Norco. A urine drug screen collected on 6/18/14 was positive for Hydrocodone and negative for Codeine. It is unclear which pain medication the patient is taking at this time. It is also unclear why the provider changed the Tylenol #3 to Norco on 7/16/14. Therefore, the request for Norco 10/325 mg #90 was not medically necessary.

Physical Therapy, # of Visits unknown: 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 THERAPY Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. On 7/10/14, a UR modified a request for physical therapy 2 times a week for 6 weeks for the left knee and lumbar spine to physical therapy 8 sessions only for the lumbar spine only. There were no notes documenting these sessions and the outcomes provided by the sessions. It is unclear how many sessions if any the patient has completed. In addition this request is for an unspecified number of sessions to an unspecified area of the body. Therefore, the request for physical therapy number of visits unknown was not medically necessary.