

Case Number:	CM14-0097397		
Date Assigned:	07/28/2014	Date of Injury:	10/26/2011
Decision Date:	09/22/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/24/2014

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:

The injured worker is a 52-year-old male with a reported date of injury on 10/26/2011. The injury reportedly occurred when the injured worker fell on his left side and his head struck a stack of pallets. His diagnoses were noted to include chronic back pain, cervical degenerative disc disease to C4-5, C5-6 grade 1 retrolisthesis, moderate spinal stenosis and impingement at the C6 nerve roots and the neural canal, C6-7 posterior disc protrusion with measurement of approximately 3 mm and mild spinal stenosis and chronic hip pain. His previous treatments were noted to include medications, massage therapy, physical therapy, hot and cold modalities, and TENS unit. The progress note dated 04/24/2014 revealed pain was still reported 8/10 - 9/10. The physical examination revealed a decreased range of motion. The progress note dated 03/27/2014 revealed pain that radiates to the left upper extremity. The physical examination revealed a decreased range of motion to all fields with spasms. The Request for Authorization form was not submitted within the medical records. The request was for Norco 10/325 mg #180 and physical therapy for the left hip #18; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker has been utilizing Norco since at least 10/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for employee monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is a lack of documentation with evidence of decreased pain on a measurable scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of documentation regarding evidence of decreased pain, improved functional status, side effects, and without details regarding consistent urine drug screens, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Physical Therapy to left hip #18: 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): 98-99.

Decision rationale: The injured worker has had previous physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9-10 visits over 8 weeks. There is a lack of documentation with clinical findings regarding hip problems to warrant physical therapy. There is a lack of documentation regarding complaints of pain or functional deficits to warrant physical therapy. Additionally, the request for 18 sessions of physical therapy exceeds guideline recommendations. As such, the request is not medically necessary.