

Case Number:	CM14-0218906		
Date Assigned:	01/08/2015	Date of Injury:	12/09/2004
Decision Date:	03/05/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 female patient with an injury date of 12/09/2004. The initial industrial rehabilitation evaluation dated 05/15/2013 revealed the patient with a 4 year history of low back pain, cervical spine pain and left lower extremity pain secondary to fall. She is currently on social security. The functional assessment described patient being limited in her ability to perform activities of daily living and sleep throughout the night due to low back and cervical spine pain. The plan of care involved; modalities as indicated, AROM/stretching exercise, joint soft tissue mobilization, back stabilization, posture and body mechanics and home exercise program. region and cervical strain neck. The next follow up visit dated 09/26/2014 showed objective findings of with flare up, low back pain is radiating to her left leg. There is tenderness noted at L4 spine and right sacroiliac joint. She is unable to perform a straight leg raising and has absent right ankle reflex. A request for services was made asking for medication Norco 10/325 MG and 10 sessions of physical therapy. The Utilization Review denied the request on 11/26/2014 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134, Chronic Pain Treatment Guidelines Physical therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 89-99.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a six-visit clinical trial of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate at least 10 sessions of physical therapy in 2013 with no gain in function or decrease in pain. As such, the request for 10 sessions of physical therapy is not medically necessary.

Prescription of Norco 10/325mg, #100 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Low Back; Opioids

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage (has been on Norco since 2012) MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the question for Norco 325/10mg #100 with 2 refills is not medically necessary.