

Case Number:	CM15-0113632		
Date Assigned:	06/22/2015	Date of Injury:	08/04/1981
Decision Date:	07/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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 an 85 year old male, who sustained an industrial injury on August 4, 1981. The mechanism of injury was not provided. The injured worker has been treated for low back and bilateral shoulder complaints. The diagnoses have included shoulder joint pain, low back pain, Methadone dependence, sedative/hypnotic/anxiolytic dependence unspecified, lumbar post-laminectomy syndrome and insomnia. Treatment to date has included medications, radiological studies, physical therapy, ankle/foot orthosis brace, home exercise program, left shoulder surgery, left knee replacement and a lumbar fusion. Current documentation dated May 27, 2015 notes that the injured worker reported a significant flare-up of low back pain with radiation down the posterior right lower extremity and chronic bilateral shoulder pain. The documentation notes that the increased pain started three weeks prior when the injured workers Methadone had been decreased due to disorientation. The Methadone was increased back to the original level but the injured worker remained significantly flare-up. The injured worker also noted muscle aches, muscle weakness of the right leg, back pain and bilateral joint pain of the shoulders, knees and hips. Associated symptoms included numbness and tingling in the right leg and both arms. The pain was rated a nine out of ten on the visual analogue scale. The documentation notes that the injured worker responded well to recent physical therapy sessions and would like to continue. The treating physician's plan of care included a request for additional physical therapy # 8, Methadone 10 mg # 30 and Valium 2 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114) Official Disability Guidelines Low Back (updated 05/15/15).

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

Decision rationale: This 85 year old patient presents with muscle aches, muscle weakness (right leg), arthralgias/joint pain (both shoulders), both knees, both hips, back pain, paresthesia in arms, dizziness and headaches. The current request is for Additional physical therapy 2x4. The treating physician report dated 5/27/15 (10c) states, "He continues to utilize a walker for assistance with ambulation." There is no documentation of any recent surgery, new injury or new diagnosis. The MTUS guidelines recommend 8-10 sessions of physical therapy for myalgia and neuritis type conditions. In this case, the treating physician has not documented any rationale for this request and the patient has previously received an unknown amount of physical therapy. There is no documentation provided to explain why the patient is not able to perform home exercises. The current request is not medically necessary.

Methadone 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 61-62, 78-81, 86.

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

Decision rationale: This 85 year old patient presents with muscle aches, muscle weakness (right leg), arthralgias/joint pain (both shoulders), both knees, both hips, back pain, paresthesia in arms, dizziness and headaches. The current request is for Methadone 10mg #180. The treating physician report dated 5/27/15 (10c) states, "Chief Complaint Follow up Methadone dependence." The patient is not experiencing any side effects and the current flare up occurred with reduction of Methadone prescription at the last appointment. There are no functional improvements noted with opioid usage, there is no discussion of CURES report or UDS and there are no before or after pain scales discussed. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not documented that the patient has any relief with opioid usage. There are no before or after pain scales used. There is no

discussion regarding ADLs or any functional improvements with medication usage. There are no side effects and there is no discussion regarding aberrant behaviors, CURES or UDS found in the records. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary.

Valium 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This 85 year old patient presents with muscle aches, muscle weakness (right leg), arthralgias/joint pain (both shoulders), both knees, both hips, back pain, paresthesia in arms, dizziness and headaches. The current request is for Valium 2mg #60. The treating physician report dated 5/27/15 (10c) states, "Valium 2mg tablet take 1 tablet bid prn 5/27/15 prescribed." The MTUS guidelines state that Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." In this case, the treating physician has prescribed this medication since at least 1/27/15 and not for short-term usage. The current request is not medically necessary.