MAXIMUS Federal Services

Case Number:	CM15-0129932		
Date Assigned:	07/16/2015	Date of Injury:	06/04/2007
Decision Date:	08/18/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 54 year old female, who sustained an industrial injury on June 4, 2007. The mechanism of injury was not provided in the medical records. The injured worker has been treated for low back complaints. The diagnoses have included right knee arthralgia, chronic pain and status post lumbar spine fusion in 2011. Treatment and evaluation to date has included medications, electrodiagnostic studies, aqua therapy, physical therapy, left total knee arthroplasty revision (non-industrial) and lumbar spine surgery. The injured worker was currently not working. Current documentation dated June 22, 2015 notes that the injured worker reported constant worsening low back pain with radiation down the right lower extremity, rated at a 10/10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation. On range of motion flexion was 80 degrees. Extension was full active range of motion. Bilateral rotation was limited due to pain. A straight leg raise was positive on the right. The injured worker was noted to ambulate with an antalgic gait. The injured worker was noted to have completed aqua therapy which had helped. The documentation dated 4/13/2015 notes that the injured worker had received 2 out of 12 physical therapy treatments which helped with the pain and range of motion. The injured worker was also noted to be taking Norco four times a day which helped decreased her pain from a 10 down to a 3/10. The treating physician's plan of care included requests for Norco 10/325 mg # 90 and physical therapy to the lumbar spine # 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90.00: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines "discourages long term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." Norco has been prescribed for this injured worker since September of 2014. The injured worker was noted to have constant and worsening low back pain. No functional improvement as a result of use of Norco was noted. The documentation shows no change in work restrictions for this injured worker with use of Norco. There was no documentation of improvement in specific activities of daily living as a result of use of Norco. There was no documentation of decrease in medication use or decrease in frequency of office visits as a result of use of this medication. Due to the lack of a detailed pain assessment, lack of documentation of functional improvement, an opioid contract, and documentation of a prior failure of non-opioid therapy, the medical necessity for Norco has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Physical Therapy to lumbar spine (sessions) quantity 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy, low back, lumbar and thoracic (acute and chronic).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends 8-10 visits over 4 weeks of physical therapy for chronic pain. The guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by restoring function improvement. There is a lack of specific functional improvement noted with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in work status, activities of daily living and dependency on continued medical care. The ODG Guidelines for physical therapy state the injured worker

should be formally assessed after a 6 visit clinical trial to see if the injured worker is moving in a positive direction prior to continuing physical therapy. The injured worker was noted to have constant worsening low back pain. The documentation dated 4/13/2015 notes that the injured worker had received 2 out of 12 physical therapy treatments, which helped (subjectively) with the pain and range of motion. Maximum quantity of visits listed for all usual, non-surgical orthopedic conditions are 8-10 visits. Therefore, the current request for 8 additional physical therapy sessions exceeds MTUS and ODG guidelines and is not medically necessary.