

<b>Case Number:</b>	CM15-0170419		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	01/25/2010
<b>Decision Date:</b>	11/05/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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, Arizona

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 (IW) is a 57 year old male, who sustained an industrial-work injury on 1-25-10. He reported initial complaints of lumbar pain. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar radiculopathy, and sacroiliac pain. Treatment to date has included medication, surgery (anterior 2 lumbar fusions on 11-17-12, lumbar spine surgery-SI joint fusion on 3-2-15) right sacroiliac joint injection on 7-19-13, physical therapy (36 sessions), cane, and cam boot. X-rays were reported of the lumbar spine on 11-4-13 showed evidence of a solid two level anterior lumbar interbody at L4-5 and L5-S1, minimal joint space narrowing in both hip joints. Currently, the injured worker complains of lower backache that was rated 5 out of 10 and affected sleep and swelling and pain down the right lower extremity. The IW is not currently working. Current meds include Oxycontin, Aciphex, Dilaudid, Neurontin and Lidoderm Patches. Per the primary physician's progress report (PR-2) on 6-29-15, exam noted an antalgic gait, restricted range of motion, negative Wadell's sign. The Request for Authorization date was 7-1-15 and requested service included post-op physical therapy 2 times a week for 6 weeks, lumbar spine, Oxycontin 30 mg #90, Neurontin 600 mg #90, Dilaudid 8 mg #150. The Utilization Review on 8-21-15 denied the request, per CA MTUS (California Medical Treatment Utilization Schedule) for therapy due to completing 34 visits over 16 weeks and not medically necessary due lack of documentation for ongoing chronic narcotic usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op physical therapy 2 times a week for 6 weeks, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Hip, Pelvis and Thigh (femur), Low Back.

**Decision rationale:** According to CA MTUS postsurgical treatment guidelines, for intervertebral disc disorders, status post fusion, recommended therapy is for 34 visits over 16 weeks. This injured worker has completed at least 34 visits of postsurgical therapy. For pelvic disorders, recommendations are for 22 visits over 3 months (for arthrodesis). Ongoing therapy at this time is not supported per applicable guidelines. Surgery was more than six months ago. At this time, ongoing therapy would exceed guidelines and this request for 12 additional sessions of PT is not supported. Therefore, the request is not medically necessary.

**Oxycontin 30 mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The California MTUS guidelines allows for the use of opioid medication, such as Oxycontin, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted records, the injured worker has improved ability to live independently and function with the use of his pain medication regimen that has remained stable. He uses the medications appropriately. He has no adverse side effects. Pain is reduced from 9/10 down to 5/10 based on PR-2 notes since up-titration of medications. Ongoing use is supported and as such, this request is reasonable and certified. Therefore, the request is medically necessary.

**Neurontin 600 mg #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines identifies that Gabapentin (Neurontin) has been shown to be effective for the treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This injured worker has had positive response with Gabapentin, improved ADLs, functional mobility, and independent living, and has no adverse side effects noted from this agent. Ongoing use is supported. This request is certified. Therefore, the request is medically necessary.

**Dilaudid 8 mg #150:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The California MTUS guidelines allows for the use of opioid medication, such as Dilaudid, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted records, the injured worker has improved ability to live independently and function with the use of his pain medication regimen that has remained stable. He uses the medications appropriately. He has no adverse side effects. Pain is reduced from 9/10 down to 5/10 based on PR-2 notes since up-titration of medications. Ongoing use is supported and as such, this request is reasonable and certified. Therefore, the request is medically necessary.