

<b>Case Number:</b>	CM15-0172661		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 50 year old female, who sustained an industrial injury on 2-25-2011. She reported cumulative injuries to the low back, left hip, left leg, left ankle and numbness in the toes. Diagnoses include derangement of the meniscus left knee, knee flexion contracture, and chronic pain syndrome, status post multiple surgeries. Treatments to date include activity modification, dynasplint, medication therapy, physical therapy, aquatic therapy, H-Wave treatments, and a home TENS unit. Currently, she complained of ongoing stable left knee symptoms with improvement in the low back pain from physical therapy. It was noted she was using Norco for breakthrough back pain. On 7-29-15, the physical examination documented persistent flexion contracture, and swelling and pain in the left knee. She ambulated with a "substantial limp". There was lumbar tenderness and sacroiliac joint. Straight leg raising test was improved. The lumbar muscles were noted as tight with muscle spasm on the left side with discomfort on range of motion. The physical therapy progress note dated 7-20-15 documented increased range of motion from 6-22-15. Forward bending increased from 55 degrees to 75 degrees, backward bending from 5 degrees to 10 degrees, and right and left rotations from 50 degrees to 75 degrees. The updated plan of care included increasing core strength, increasing range of motion up to 25%, and instituting a home exercise program. The appeal requested authorization of six additional physical therapy sessions, twice a week for three weeks for the lumbar spine and a prescription for Norco 10-325mg #120. The Utilization Review dated 8-28-15, denied the request stating that the records submitted did not support that the California MTUS Guidelines were met.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x weekly, lumbar spine, per 7/29/15 order Qty: 6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** In this case, the claimant has undergone an unknown amount of therapy in the past. The claimant has been doing home exercises. There is no indication that additional exercises cannot be done at home. The guidelines recommend up to 8 sessions with a taper and additional exercises to be performed at home. The request for additional 6 sessions of physical therapy is not medically necessary.

**Norco 10/325mg per 7/29/15 order #120: Upheld**

**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 for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with Trazodone and topical analgesics. There was no mention of Tylenol, NSAID, or weaning failure. Pain scores were not noted on recent exam. The continued use of Norco is not medically necessary.