

Case Number:	CM15-0066960		
Date Assigned:	04/14/2015	Date of Injury:	11/25/2009
Decision Date:	05/19/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/08/2015

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

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 a 56 year old female who sustained an industrial injury on 11/25/2009. Diagnoses include lumbago, low back pain, shoulder region, and knee pain. Treatment to date has included diagnostic studies, medications, and use of H-Wave. A physician progress note dated 02/24/2015 documents the injured worker presented with lower back and left leg pain/sciatica, bilateral shoulder pain and her pain scale was reported as 5 out of 10, with medications. She is stable with her medications and able to do some of her activities of daily living. The injured worker ambulates with a cane. The lumbar spine is tender at facet joint; she has decreased flexion, decreased extension and decreased lateral bending. Treatment requested is for eight sessions of physical therapy, and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids - Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient presents with lower back and left knee pain/sciatica, bilateral shoulder pain, rated 5/10 with medication. The request is for Oxycontin. There is no RFA provided and the patient's date of injury is 11/25/09. Diagnoses include lumbago, low back pain, shoulder region, and knee pain. Per 02/24/15 report, physical examination of the lumbar spine revealed tenderness to palpation at the facet joint. Decreased range of motion with limited flexion, extension and lateral bending. The patient ambulates with a cane. The left knee has joint line tenderness on exam with positive McMurray's test. X-ray of the left knee performed on 02/18/15 revealed an apparent depressed lateral tibial plateau fracture. There is mild narrowing of the tibia and femoral joint. Treatment to date has included diagnostic studies, medications, and use of H-Wave, TENS and physical therapy. Current medications include Oxycontin and Flurbiprofen-Capsaicin cream. The patient is permanently disabled. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument". MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per 03/25/15 report, treater requests for Oxycodone 30 mg tablets to be taken once every five hours for pain. Oxycontin was prescribed to the patient at least since 10/08/14, per provided medical reports. The use of opiates require detailed documentation per MTUS. On 02/24/15 report, treater states, "Patient is stable on current medications, she is able to do ADL's such as cooking, laundry, bathing, dressing, brushing teeth and toileting. She needs help with shopping and managing medications. Patient denies side effects and does not display with aberrant behavior." The patient's urine drug screen collected on 03/25/15 is consistent with medications. While the treater provides the four A's, the patient does not present with any of the indications for chronic opiate use. MTUS supports it for neuropathic pain, nociceptive pain (defined as pain that is presumed to be maintained by continual injury). MTUS states that for chronic back and peripheral joint arthritic pains, it should only be used for short-term. For mechanical and compressive etiologies, it is "rarely beneficial." The request is not medically necessary.

Eight sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99.

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

Decision rationale: The patient presents with lower back and left knee pain/sciatica, bilateral shoulder pain, rated 5/10 with medication. The request is for Eight Sessions of Physical Therapy. There is no RFA provided and the patient's date of injury is 11/25/09. Diagnoses include lumbago, low back pain, shoulder region, and knee pain. Per 02/24/15 report, physical

examination of the lumbar spine revealed tenderness to palpation at the facet joint. Decreased range of motion with limited flexion, extension and lateral bending. The patient ambulates with a cane. The left knee has joint line tenderness on exam with positive McMurray's test. X-ray of the left knee performed on 02/18/15 revealed an apparent depressed lateral tibial plateau fracture. There is mild narrowing of the tibia and femoral joint. Treatment to date has included diagnostic studies, medications, and use of H-Wave, TENS and physical therapy. Current medications include Oxycontin and Flurbiprofen-Capsaicin cream. The patient is permanently disabled. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency, from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the requesting report for physical therapy was not included. The patient has had prior physical therapy. The total amount of prior sessions is unknown but a PT report dated 12/08/14 is provided and states it was the 13th visit. Additional sessions cannot be warranted as the patient is not post operative and MTUS recommends 8-10 visits for the patient's diagnoses. Furthermore, there is no documentation of functional improvement or decreased medication from prior physical therapy. The request exceeds guidelines and therefore, is not medically necessary.