

Case Number:	CM15-0074990		
Date Assigned:	04/24/2015	Date of Injury:	09/13/2000
Decision Date:	05/22/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 71 year old male, who sustained an industrial injury on September 13, 2000. He has reported back pain, hip pain, and leg pain. Diagnoses have included lumbago and hip/pelvic pain. Treatment to date has included medications. A progress note dated March 10, 2015 indicates a chief complaint of right hip and leg pain. The treating physician documented a plan of care that included physical therapy for the lumbar spine, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Low Back (Acute and Chronic).

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) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the lumbar spine 12 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbago; and low back pain. The date of injury is September 13, 2000. There are three progress notes in the medical record. The progress notes are dated September 22, 2014; November 17, 2014 and March 10, 2015. The VAS pain scales are 7/10 and 8/10 in the three progress notes referencing the low back. In the September and November 2014 progress notes there are no medications listed. In the March 10, 2015 progress note medications are listed for the first time and include hydrocodone 10/325. The November 17, 2014 progress note, in the treatment recommendations, contains a request for 12 physical therapy sessions to the lumbar spine. The March 10, 2015 progress note does not mention or discuss the physical therapy requested in November 2014. There is no indication the injured worker received physical therapy. There are no physical therapy notes in the medical record. There is no objective functional improvement in medical record. There is no prior physical therapy documented in the medical record. The guidelines recommend a six visit clinical trial. The treating physician requested 12 sessions in excess of the recommended guidelines (a six is a clinical trial). Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines for six-visit clinical trial, physical therapy to the lumbar spine 12 sessions is not medically necessary.

Hydrocodone 10/325mg QTY: 150.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone 10/325 mg #150 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbago; and low back pain. The date of injury is September 13, 2000. There are three progress notes in the medical record. The progress notes are dated September 22, 2014; November 17, 2014 and March 10, 2015. The VAS pain scales are 7/10 and 8/10 in the three progress notes referencing the low back. In the September

and November 2014 progress notes there are no medications listed. In the March 10, 2015 progress note, medications are listed for the first time and include Hydrocodone 10/325mg and requested for refilling Hydrocodone 10/325 mg. The start date for Hydrocodone is unclear based on the documentation. There is no objective functional improvement in medical record. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation evidencing objective functional improvement. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Hydrocodone 10/325 mg, absent risk assessments and detailed pain assessments (with ongoing opiate use), Hydrocodone 10/325 mg #150 is not medically necessary.