

Case Number:	CM15-0077193		
Date Assigned:	04/28/2015	Date of Injury:	06/30/2014
Decision Date:	05/26/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/22/2015

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 38-year-old male who sustained an industrial lifting injury on 06/30/2014. Initial diagnosis was lumbar and cervical sprain with cervical/brachial radiculitis. Conservative measures and medications were administered. On August 28 2014, the injured worker was admitted for progressive pain, numbness and weakness in his hands, arms legs with hyperreflexia. Magnetic resonance imaging (MRI) was evident of large C5-6 and C6-7 disc herniation with marked myelomalacia with progressive myelopathy and quadriplegia. Intravenous steroids were administered and the injured worker underwent C5-C6 and C6-C7 anterior cervical discectomies and foraminotomies with decompression of the spinal cord nerve roots and interbody fusions of C5-6 and C6-7. The injured worker did remarkably well, regaining power in all extremities and was discharged on September 1, 2014. Treatment to date includes diagnostic testing, surgery, neck collar, physical therapy and medications. According to the treating physician's progress report on March 10, 2015, the injured worker continues to report pain in the 4th and 5th fingers, ulnar forearm, sometimes above the elbow, right side greater than left side. Right grip is weak with inability to curl his fingers into his palm and an element of flexion deformity of the 3rd, 4th and 5th digits. Reflexes are trace at the biceps, brachioradialis and reflexes associated with finger flexion. Current medications are listed as Ibuprofen and Hydrocodone. Treatment plan consists of a trial of medication for neuropathic hand pain; maintain follow-up evaluations and the current request for Acetaminophen-Hydrocodone and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 3 weeks: Upheld

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

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) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times a week times three weeks 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are sprain lumbar region; sprained neck; and radiculitis cervical/brachial. Documentation from the March 20, 2015 progress note states the injured worker sustained no improvement. Subjectively, injured worker complains of low back pain, spine and pain in both legs. The VAS pain scale is 5/10 with medications. The injured worker has weaned the Norco down to one tablet per day. The treating provider states the injured worker's low back pain is worsening. Utilization review states the injured worker was approved for six physical therapy sessions on January 19, 2015. There is no documentation in the medical record indicating the location for physical therapy. There is no documentation indicating objective functional improvement because of the six visit clinical trial. There is no documentation how many physical therapy sessions the injured worker has received. Consequently, absent compelling clinical documentation with objective functional improvement from the six visit trial, the location physical therapy was applied and compelling clinical facts indicating additional physical therapy is warranted (if the guideline threshold was met), physical therapy two times a week times three weeks is not medically necessary.

Acet-Hydro 325-10 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Weaning of Medications Page(s): 91, 78-80; 124.

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, Acetaminophen/Hydrocodone 325/10 mg #30 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 sprain lumbar region; sprain neck; and radiculitis cervical/brachial. Documentation from the medical record shows Norco (acetaminophen/hydrocodone 325/10 mg) was started on September 3, 2014. According to a March 20, 2015, progress note, the documentation states that has been no improvement. The injured worker has complaints of pain to the low back, spine and both legs. The pain level is a 5/10 on the VAS scale. There is no change in the pre-and post pain levels documented in medical record. The injured worker has a persistently elevated VAS pain score of 5/10. There were no risk assessments in the medical record and no detailed pain assessments. There is no objective functional improvement and the injured worker remains disabled and off work. There has been no attempt to wean Norco. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Norco (acetaminophen/hydrocodone 325/10 mg), and attempt to wean the opiate, risk assessments and detailed pain assessments and persistently elevated VAS pain scales, Acetaminophen/Hydrocodone 325/10 mg #30 is not medically necessary.