

Case Number:	CM15-0078513		
Date Assigned:	04/29/2015	Date of Injury:	11/12/2012
Decision Date:	06/25/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/24/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58-year-old male with an industrial injury dated 11/12/2012. The injured worker's diagnoses include right wrist tenosynovitis, bilateral knee internal derangement, left greater than right, L4-L5 herniated nucleus pulposus, status post lumbar spine surgery on 7/19/2014 and right ankle sprain. Treatment consisted of physical therapy, medications, including Norco and Ativan. In a progress note dated 04/02/2015, the injured worker reported low back pain, right ankle pain, right leg pain with some numbness and tingling and swelling with prolonged standing. Objective findings revealed lumbar spine antalgic gait, weakness on sciatic stretch, positive straight leg raises and posterior right ankle tenderness with full range of motion. The treatment plan consisted of physical therapy and medication management. The treating physician prescribed services for physical therapy for the lumbar spine, Norco 10/325mg, Tylenol with codeine and Ativan 2mg now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The injured worker sustained a work related injury on 11/12/2012. The medical records provided indicate the diagnosis of right wrist tenosynovitis, bilateral knee internal derangement, left greater than right, L4-L5 herniated nucleus pulposus, status post lumbar spine surgery on 7/19/2014 and right ankle sprain. Treatment consisted of physical therapy, medications, including Norco and Ativan. The medical records provided for review do not indicate a medical necessity for Physical therapy 2 x 4 for the lumbar spine. The medical records indicate the injured worker had lumbar fusion in 07/2014; the worker was ordered 12 post surgical therapy visits in 09/2014. The post surgical treatment guidelines recommend 34 visits over 16 weeks within a post surgical physical medicine treatment period of 6 months. It is past the postsurgical treatment period. The request is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 11/12/2012. The medical records provided indicate the diagnosis of right wrist tenosynovitis, bilateral knee internal derangement, left greater than right, L4-L5 herniated nucleus pulposus, status post lumbar spine surgery on 7/19/2014 and right ankle sprain. Treatment consisted of physical therapy, medications, including Norco and Ativan. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication. The medical records indicate the injured worker has been using this medication since 09/2014 with significant improvement in pain. Nevertheless, there has been no functional improvement: the injured worker remains off work the injured worker is not properly monitored for pain control, adverse effects and aberrant behavior. The request is not medically necessary.

Tylenol with codeine No. 3 #60 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 11/12/2012. The medical records provided indicate the diagnosis of right wrist tenosynovitis, bilateral knee internal derangement, left greater than right, L4-L5 herniated nucleus pulposus, status post lumbar spine surgery on 7/19/2014 and right ankle sprain. Treatment consisted of physical therapy, medications, including Norco and Ativan. The medical records provided for review do not indicate a medical necessity for: Tylenol with codeine No. 3 #60 x 1 refill. Codeine is an opioid. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation if opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using opioids since 09/2014, although there is improvement in pain, the injured worker has not had overall functional improvement; besides, the injured worker is not properly monitored for pain control, adverse effects and aberrant behavior. The request is not medically necessary.

Ativan 2mg #60 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The injured worker sustained a work related injury on 11/12/2012. The medical records provided indicate the diagnosis of right wrist tenosynovitis, bilateral knee internal derangement, left greater than right, L4-L5 herniated nucleus pulposus, status post lumbar spine surgery on 7/19/2014 and right ankle sprain. Treatment consisted of physical therapy, medications, including Norco and Ativan or another benzodiazepine drug (alprazolam). The medical records provided for review do not indicate a medical necessity for Ativan 2mg #60 x 1 refill. Ativan (lorazepam) is a benzodiazepine sedative hypnotic. The medical records indicate the injured worker has been using this class of drugs for several months; but the MTUS recommends using them for more than 4 weeks. The request is not medically necessary.