

Case Number:	CM15-0092888		
Date Assigned:	05/19/2015	Date of Injury:	09/30/2014
Decision Date:	06/18/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/14/2015

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:

This 43-year-old male sustained an industrial injury on 9/30/14. He subsequently reported back pain. Diagnoses include lumbar radiculopathy and lumbar myofascial pain. Treatments to date include x-ray and MRI testing, modified work duty, physical therapy and prescription medications. The injured worker continues to experience low back pain that radiates to the left lower extremity. Upon examination, diffuse tenderness throughout the lumbar area was noted. Straight leg raising is positive on the left at 45 degrees and range of motion is diminished. A request for Hydrocodone medication and continue physical therapy to lumbar spine Qty 8 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Hydrocodone 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 progress note on 2/2/15 indicated the claimant had 7/10 pain. The use of Tramadol reduced the pain by 5 points and NSAIDs by 2 points. There was no indication of Tricyclic failure. The claimant had reduced the use of Norco. There was no mention of Tylenol substitution failure for Norco. A month later the pain increased to 8/10 indicating tolerance to medications. The continued and chronic use of Norco is not medically necessary.

Continue Physical Therapy to Lumbar Spine Qty 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary. Recent progress notes indicated the claimant had improved with 6 sessions of therapy. There was no indication that additional therapy sessions cannot be completed at home. The request for 8 additional therapy sessions exceeds the guideline recommendations and is not medically necessary.