

<b>Case Number:</b>	CM15-0092952		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

The injured worker (IW) is a 55-year-old male who sustained an industrial injury on 02/17/2011. Diagnoses include cervical and lumbar spine sprain/strain, right knee sprain/strain and internal derangement and status post left above knee amputation. Treatment to date has included medications. According to the progress notes dated 3/19/15, the IW reported constant pain in the neck rated 8/10, constant lower back pain rated 10/10 and constant right knee pain rated 8-9/10, with associated weakness and numbness. He also complained of pain over the left stump. He was in a wheelchair due to prior left leg amputation. On examination, muscle tenderness and spasms were present in the cervical and lumbar paraspinal muscles. There was also tenderness at the sciatic nerve and sciatic notch bilaterally. The IW indicated Norco was helping his pain. A request was made for 18 physical therapy sessions for the bilateral lower extremities and lumbar spine to decrease pain and increase strength, and one prescription of Norco 10/325mg for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, unspecified, 18 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM 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, the 18 sessions of therapy requested exceed the guidelines above and are not medically necessary.

**Norco 10/325mg, unspecified quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Hydrocodone/Acetaminophen; Criteria For Use of Opioids.

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

**Decision rationale:** Norco 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 claimant had been on Norco for several months along with Soma. The pain was increasing over time with the most recent to 8/10. Pain score response to medications was not mentioned. There was no mention of Tyleno, Tricyclic or NSAID failure. Continued use of Norco is not medically necessary.