

Case Number:	CM15-0093615		
Date Assigned:	05/19/2015	Date of Injury:	08/07/2007
Decision Date:	06/24/2015	UR Denial Date:	04/14/2015
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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male who sustained an industrial injury on 8/7/07 from a fall involving his neck and back. He currently complains of achy pain in the neck that radiates to the head, shoulder and chest; low back pain that is localized. He takes Norco, aspirin, Ambien, Lithium and Cymbalta. Physical therapy decreased his pain by 40-50%. When it was denied the pain got worse. He takes less medication when doing physical therapy. His pain level goes from 7 to 3/10 with Norco. Report from 4/3/15 indicates use of prescription narcotic medication only. The urine toxicology from 12/12/14 was negative for Norco as he takes it on an as needed basis only. Physical exam of the cervical spine revealed less tenderness of the paracervical muscles, decreased range of motion; exam of the lumbar spine revealed tenderness in the paraspinal muscles of the lower lumbar spine with decreased range of motion. Diagnoses include occipital neuralgia; cervicgia; knee pain; degenerative disc disease, cervical spine; cervical region spinal stenosis; degenerative disc disease, lumbar spine; morbid obesity; chronic depression; chronic insomnia. Diagnostics included computed tomography of the cervical spine (8/10/13) showed mild spurring at C3-4, disc protrusion at C5-6 causing neuroforaminal narrowing; MRI of the cervical spine (12/10/13) showing C5-6 central disc extrusion. In the progress note dated 4/6/15 the treating provider's plan of care includes additional (8) physical therapy sessions as he got significant relief for neck and low back pain, his pain is worse since they were not approved, with physical therapy he is more active and takes less medication; Norco on an as needed basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 8 sessions for neck and low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with chronic low back and neck pain. The request for authorization is dated 04/08/15. The current request is for Additional physical therapy 8 sessions for neck and low back. Treatments to date have included chiropractic visits, physical therapy including TENS, and medications. The patient is retired. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." According to progress report 04/06/15, the patient is "doing worse." He is taking Norco with good relief, but he had an exacerbation of pain after attempting to repair a sewer line himself. Recommendation was made for 8 PT sessions as prior therapy provided "significant benefit and he takes less medications." A QME report provided a record review which noted that the patient participated in physical therapy in 2009, 2010, 4/13/11 through 05/16/11 and 2013. The patient was also certified 8 PT sessions for the low back and neck on 12/29/14. In this case, this patient has had ample physical therapy for his chronic pain condition. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. Furthermore, the requested 12 sessions of physical therapy exceeds what is allowed by MTUS Guidelines. Therefore, the request IS NOT medically necessary.

Norco 5/325mg #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 Criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: This patient presents with chronic low back and neck pain. The request for authorization is dated 04/08/15. The current request is for Norco 5/325mg #60. Treatments to date have included chiropractic visits, physical therapy including TENS, and medications. The patient is retired. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 As, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain;

intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has been utilizing Norco since at least 10/30/14. His current medications include Ambien CR, Lithium, Blood pressure meds, Norco and Aspirin. Progress report 10/30/14 noted with Norco pain is down to 5/10 from 8/10. The treater states "the patient is retired and does not work out even though he has a treadmill." It was reported that CURES report and UDS are routinely obtained and there is a signed opioid contract on file. Review of UDS from 11/11/14 showed multiple inconsistencies. Subsequent report dated 12/12/14 discusses a CURES report that showed that the patient got "some 180 Norco in early October" from another physician. There is no discussion addressing these inconsistencies. In addition, the treating physician has not provided any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement with utilizing long term opiate. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.