

Case Number:	CM15-0094508		
Date Assigned:	05/20/2015	Date of Injury:	06/20/1994
Decision Date:	06/29/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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 (IW) is a 64-year-old male who sustained an industrial injury on 06/20/1994. The initial injury is not described. The injured worker was diagnosed as having chronic back pain, myalgia and myositis unspecified, post laminectomy syndrome, lumbar region. Treatment to date has included physical therapy, pain medication, transcutaneous electrical nerve stimulation (TENS) unit and massage which the patient states have made no change in his condition, and surgery and exercise program which the patient states improved his condition. Currently, in the 04/23/2015 evaluation, the injured worker complains of pain in the low back, bilateral legs, and left foot. The intensity of his pain is described as an 8/10 increasing to a 10 at its worst. The pain is present 50% of the time and is described as throbbing, stabbing, piercing, numbing, and pins and needles. His current medications are Amitriptyline, Senna Plus, Omeprazole, Montelukast, Norco, Simvastatin, and Advair. Requests for authorization are made for the following: Norco 10/325mg #90, 1 Gym membership for 6 months, 6 Physical therapy sessions, Senna 8.6mg #120, Naproxen 250mg #60, and Amitriptyline 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The pain medicine report dated April 23, 2015 documented a history of two lumbar surgeries on 11-07-1995 and 04-08-1997. The date of injury was 06-20-1994. L3, L4, L5 total hemilaminectomy on the right with decompression of cauda equine spinal nerve roots was performed on 11-07-1995. Lumbar hemi laminectomy at L4-5 on the right side with extensive microlumbar discectomy was performed on 04-08-1997. Lumbar epidural was performed on 01-12-2011. The patient has a spinal cord stimulator. The current intensity of the pain is described as a 8 on a 10-point scale, where 0 represents no pain and 10 represents the worst pain imaginable. He reports that the pain may increase to a 10 at worst on the same 10-point scale. He notes that his pain is present 50% of the time. The quality of the pain is described as throbbing, stabbing, piercing, numbing, and pins and needles. From the patient's perspective, the impact of the pain has been severe. In terms of activities of daily living, he notes that no assistance is needed for bathing, dressing and grooming. When necessary, he requires assistance from his spouse. From a social and recreational perspective, the patient describes a complete loss of social activity with his spouse, his family and friends, with the community, as well as with recreational activity. He describes his hobbies prior to his work injury as including attending family unions, dancing and going on vacations. He is unable to engage in any of his prior hobbies. On examination, the patient moves about antalgically. He has flexion to about 30% of normal. Extension is similarly impaired. Rotation and side bending are problematic for him. He does have a well-healed scar at the midline, which is nontender. He does have tightness and spasm in the quadratus lumborum bilaterally but has quite significant atrophy and spasm in his gluteal musculature bilaterally. He has decreased sensation down into the L5-S1 distribution of his right leg. His reflexes are trace in the patella and ankles. He is alert and cooperative. The patient has been maintained on medications and reports that he has had a reasonable amount of activity, helping about the house and being as active as he can. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.

1 Gym membership for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Gym memberships.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address gym membership. Official Disability Guidelines (ODG) state that gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The pain medicine report dated April 23, 2015 documented a history of two lumbar surgeries on 11-07-1995 and 04-08-1997. The date of injury was 06-20-1994. Past treatments include physical therapy, home exercise program, aquatic therapy, and gym therapy. ODG guidelines indicate that gym memberships are not considered medical treatment, and do not support the medical necessity of gym memberships. Therefore, the request for gym membership is not medically necessary.

6 Physical therapy sessions: 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 Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The pain medicine report dated April 23, 2015 documented a history of two lumbar surgeries on 11-07-1995 and 04-08-1997. The date of injury was 06-20-1994. Past treatments include physical therapy, home exercise program, aquatic therapy, and gym therapy. Six sessions of physical therapy to teach a home exercise program was requested. The medical records indicate that the patient has been performing a home exercise program. No functional improvement with past PT physical therapy was documented. Without documented functional improvement with past physical therapy, the request for 6 additional PT physical therapy visits to teach a home exercise program, when the patient has already been performing a home exercise program, is not supported. Therefore, the request for physical therapy is not medically necessary.