

Case Number:	CM15-0096295		
Date Assigned:	05/26/2015	Date of Injury:	05/27/2008
Decision Date:	06/24/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/19/2015

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: Connecticut, California, Virginia
 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 61 year old male, who sustained an industrial injury on 5/27/08. He reported pain in his lower back and bilateral knees. The injured worker was diagnosed as having lumbar strain, lumbar disc protrusion, right knee meniscal re-tearing per MRI on 8/2/12 and status post left knee surgery on 7/23/14. Treatment to date has included multiple knee surgeries, physical therapy, a lumbar MRI and a right knee Synvisc injection. At the 2/5/15 visit, the injured worker reported functional improvement by 30% with physical therapy and 20% with medications. Current medications include Norco and Celebrex (since at least 6/5/14). As of the PR2 dated 4/16/15, the injured worker reports pain in the lower back and knees. He rates his pain 7/10 in the lower back, 6/10 in the right knee and 8/10 in the left knee. The treating physician noted a positive straight leg raise test bilaterally and a positive McMurray's test bilaterally. The treating physician requested to continue physical therapy of the lumbar spine and bilateral knees 2 x weekly for 6 weeks and Norco 10/325mg #84.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy of the lumbar spine and bilateral knees 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation are recommended as options in low back pain. With respect to therapeutic care, the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement allowing for up to 18 visits over 6-8 weeks. If the case is considered a recurrence/flare-up, the guidelines similarly indicate a need to evaluate treatment success. In either case, whether considered acute or recurrent, the patient needs to be evaluated for functional improvement prior to the completion of 12 visits in order to meet the standards outlined in the guidelines. Early re-evaluation for efficacy of treatment/functional improvement is critical, and the request for 12 total visits prior to follow up for evaluation is not appropriate. The guidelines indicate a time to produce effect of 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request for a total of 12 visits to physical therapy without a definitive plan to assess for added clinical benefit prior to completion of the entire course of therapy is not medically necessary.

Norco 10/325mg #84: 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): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not medically necessary.

