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| <b>Case Number:</b>   | CM14-0146599 |                              |            |
| <b>Date Assigned:</b> | 10/13/2014   | <b>Date of Injury:</b>       | 08/23/2013 |
| <b>Decision Date:</b> | 11/21/2014   | <b>UR Denial Date:</b>       | 09/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 underlying date of injury in this case is 8/23/2013. The date of the original utilization review is 9/3/2014. On 9/8/2014, primary treating physician follow-up note noted that the patient presented in follow-up and noted that with her medications she was able to function. The patient reported medications have allowed her to do light household work for about hour and to do activities for a sustained period, although with breaks. Medication included Norco 5/325 mg twice daily for pain, ibuprofen 800 mg bid, Biofreeze, and Colace 250 mg bid. The treating physician noted that an MRI of the lumbar spine showed early degenerative disc disease at L5-S1. The treatment plan was to wean Norco and Relafen and provide the patient with ibuprofen and to follow-up with an MRI of the lumbar spine. The treating physician was still waiting for approval of physical therapy. An initial physician review of 9/3/2014 noted the patient had been taking ibuprofen for an extended period of time and noted there was no documentation of medical necessity to justify this medication. Therapy also concluded that there was no indication for additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Physical Medicine pages 98 recommends transition to an independent active home rehabilitation program. The treatment guidelines anticipate that this patient would have previously transitioned to such an independent home rehabilitation program. The records and guidelines do not provide a rationale instead for additional supervised physical therapy at this time. This request for Physical Therapy x 10 is not medically necessary.

**Motrin 800mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications Page(s): 23.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatory medications page 23 states that anti-inflammatories are the traditional first-line of treatment to reduce pain so activity and functional restoration can resume. Initial physician review noted that the patient had been taking antiinflammatory medications for a prolonged period of time and that there was no indication of benefit to support its use. The medical records clearly document titration of antiinflammatory medications based on symptoms and physical abilities. The guidelines recommend weighing risk versus benefits of ongoing NSAID treatment and this is documented in this case. This request is supported by the medical guidelines. The request is medically necessary.