

<b>Case Number:</b>	CM13-0033714		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	08/02/2001
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Maryland, New York and Texas. 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 physician 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 patient is a 51-year-old male who reported an injury on 08/21/2001. The patient underwent an anterior C6-7 discectomy and fusion in 2003. The patient also underwent surgery for impingement syndrome of the left shoulder in 10/2012. The patient was treated postoperatively with physical therapy and medications. The patient underwent additional surgical intervention to include arthroscopic right shoulder subacromial decompression, distal clavicle resection, debridement of a partial thickness rotator cuff tear, and debridement of the superior labrum in 06/2013. The patient was treated postsurgically with Fexmid 7.5 mg, Butrans patches, and postoperative physical therapy. The clinical documentation does indicate that the patient was monitored for compliance to a prescribed medication scheduled and the way of urine drug screens. The patient's most recent clinical exam findings report that the patient still complains of severe neck pain. Physical exam findings included tenderness to palpation over the acromioclavicular joint, active range of motion described as 175 degrees in flexion, 50 degrees in extension, 178 degrees in abduction, and 45 degrees in adduction. The patient's diagnoses included a lumbar spine strain, degenerative disc disease at the C5-6 with failed spinal cord stimulator and failed cervical spine surgery syndrome, and residual parascapular strain with acromioclavicular degenerative disease and lateral downsloping. The patient's treatment plan included continuation of medications and physiotherapy. Physical findings of the cervical spine included tenderness to palpation over the bilateral paravertebral musculature with active range of motion described as 40 degrees in flexion, 40 degrees in extension, 65 degrees in right rotation, and 65 degrees in left rotation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physiotherapy session:** 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): 98-99.

**Decision rationale:** The requested 12 physiotherapy sessions is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient continues to have cervical spine and right shoulder pain. It is also noted within the documentation that the patient has previously participated in intensive postoperative physical therapy. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. California Medical Treatment Utilization Schedule states "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 exercises with or without mechanical assistance or resistance in functional activities with assistive devices." The clinical documentation submitted for review indicates that the patient has recently participated in 10 to 12 visits of physical therapy. The patient should be well versed in a home exercise program. The clinical documentation submitted for review does not provide any evidence of barriers that would preclude participation in a home exercise program to maintain improvement levels established in prior therapy. As such, the requested 12 physiotherapy sessions is not medically necessary or appropriate

**Fexmid 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going management Page(s): 78.

**Decision rationale:** The requested Fexmid 7.5 mg #60 is not medically necessary. The clinical documentation submitted for review does indicate that the patient has continued pain in the shoulder and cervical spine. California Medical Treatment Utilization Schedule recommends continued use of narcotics in the management of a patient's chronic pain to be supported by an assessment of pain relief, an assessment of side effects, an assessment of increased functional benefit that is objectively documented, and documentation of compliance to the prescribed medication schedule. The clinical documentation submitted for review does indicate that the patient has been monitored with urine drug screens. However, the most recent clinical documentation does not provide any objective functional benefit or assessment of pain relief as it is related to the patient's medication schedule. Therefore, continuation of narcotic medication in the management of the patient's chronic pain would not be supported. As such, the requested Fexmid 7.5 mg #60 is not medically necessary or appropriate.

**Butrans patch 10mcg #4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Buprenorphine for chronic pain.

**Decision rationale:** The requested Butrans patch 10 mcg #4 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has continued pain complaints of the cervical spine and shoulder region. Official Disability Guidelines do recommend the use of a Butrans patch in the management of moderate to severe chronic pain. However, California Medical Treatment Utilization Schedule recommends the use of chronic pain medications be supported by documentation of increased functional benefit and symptom response. The clinical documentation submitted for review does not provide any evidence of documented functional benefit or a decrease in pain symptoms as it is related to the medication usage. As such, the requested Butrans patch 10 mcg #4 is not medically necessary or appropriate.