MAXIMUS Federal Services

Case Number:	CM13-0052621		
Date Assigned:	12/30/2013	Date of Injury:	10/11/2012
Decision Date:	05/27/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/15/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is an employee of [redacted] and has submitted a claim for neck sprain associated with an industrial injury date of October 11, 2012. Treatment to date has included oral analgesics, muscle relaxants and physical therapy . Utilization review dated November 6, 2013 denied the request for additional physical therapy of the cervical spine 2x5 because the patient already had exceeded recommended number of physical therapy visits (30 physical therapy sessions), and no specific musculoskeletal deficits were identified based on the documents provided that would prevent transition to a self-directed home exercise program. Request for hydrocodone/APAP 10/325mg 1 PO q6-8h prn #60 was denied due to its prolonged use. Also, there was no documentation of measurable analgesic benefit with the use of opioids nor was there documentation that urine drug screen was performed to monitor compliance and screen for aberrant behavior. Medical records from 2013 were reviewed and showed severe neck pain radiating to the arms. Cervical spine examination showed spasm and tenderness of the cervical paraspinal muscles, mostly on the left side, as well as bilateral trapezius tenderness. There is limitation of motion (chin is within 2 fingerbreadths to the chest on flexion; extension is 40 degrees; bilateral rotation is 60 degrees). Head compression test was negative and DTRs of the bilateral upper extremities were normal. MRI of the cervical spine was normal. Diclofenac XR 100mg for inflammation and hydrocodone/APAP 10/325mg for breakthrough pain were prescribed however duration and frequency of use were not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY CERVICAL SPINE 2 TIMES A WEEK FOR 5 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter.

Decision rationale: The Expert Reviewer's decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that treatment regimens should be tapered and transitioned into a self-directed home program. According to ODG, Neck & Upper Back Chapter, physical therapy for neck sprain is recommended for 10 visits over 8 weeks. In this case, the documents provided show that the patient had 30 physical therapy sessions, exceeding the recommended number of visits. It is not clear as to why the patient is still not versed on a self-directed home program. Moreover, functional outcomes were not specified, and there is no documentation regarding specific objective and functional deficits in this patient that would necessitate continued physical therapy. Therefore, the request for additional physical therapy of the cervical spine 2 times a week for 5 weeks is not medically necessary.

HYDROCODONE/APAP 10/325MG 1 BY MOUTH EVERY 6-8 HOURS AS NEEDED QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The Expert Reviewer's decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been prescribed this medication since May 2013. The functional improvements and pain relief attributed to the use of this medication were not documented. Therefore, the request for hydrocodone/APAP 10/325mg 1 by mouth every 6-8 hours as needed QTY 60 is not medically necessary.