

Case Number:	CM14-0001104		
Date Assigned:	01/22/2014	Date of Injury:	12/11/2009
Decision Date:	04/10/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 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:

This is a female patient with a date of injury of December 11, 2009. A utilization review determination dated December 16, 2013 recommends no certification of Norco and physical therapy. Non certification is due to lack of documentation of benefits from prior physical therapy. The progress report dated December 31, 2013 identifies subjective complaints including left shoulder pain. The pain is between 10/10 at its worst and is reduced to 5/10 with Norco which allows the patient to continue her daily work. The patient is currently working full-time doing office work. The patient uses heat and an exercise program to help manage the pain. Objective findings identify left upper extremity with abduction to 150°. Diagnoses include cervical sprain with radiculitis, impingement syndrome of the left shoulder status post decompression and distal clavicle excision, and depression. The treatment plan recommends ongoing use of Norco and other medications. The note also recommends an appeal of physical therapy for the left arm. The note indicates that the patient is able to lift approximately 8 pounds. The purpose of the physical therapy is to strengthen the arm and increase mobility and flexibility. A progress report dated November 25, 2013 recommends ongoing physical therapy. Documentation from October 24, 2013 indicates that abduction is to no more than 90°. The note indicates that the patient was previously approved for physical therapy but was not able to attend.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids Page(s): 76-79.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has indicated that the Norco reduces the patient's pain by up to 50%, and improves her function allowing her to return to work. There is no documentation indicating that the medication is causing any side effects or that there is any aberrant use present. It is acknowledged that there should be more specific documentation in regards to side effects and aberrant use. However, since the current request is for only one month of medication, and there is documentation of significant analgesic benefit and functional improvement as a result of this medication, it seems reasonable to continue its use to allow the requesting physician time to better document the above issues. As such, the currently requested Norco 10/325 mg #60 is medically necessary.

Physical therapy for left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In fact, it appears the patient's range of motion has improved from 90° of abduction to 150° of abduction simply using a home exercise program. In the absence of clarity regarding those issues, the current request for additional physical therapy is not medically necessary.

