

<b>Case Number:</b>	CM14-0006351		
<b>Date Assigned:</b>	02/19/2014	<b>Date of Injury:</b>	12/01/2004
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 & Rehabilitation and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 53 year old female with an injury reported on December 1, 2004. The mechanism of injury was not provided within the clinical notes. The clinical note dated February 4, 2014, reported the injured worker complained of neck and upper back pain. The physical examination findings reported straightening of the cervical spine with loss of normal cervical lordosis. It was noted that the injured worker had frequent visits to the chiropractor and massage therapy due to increased muscle pain, stiffness, myofascial muscle spasms and cramping. The injured worker's prescribed medication regimen included lidoderm 5% patch, prilosec 40mg, biofreeze pain relieving gel, soma 350mg, celebrex 200mg, duragesic 50 mch/hr patch, neurontin 300mg, and norco 10/325mg. The injured worker's diagnoses included neck pain, cervical facet syndrome, thoracic pain, cervical strain, and muscle spasms. The request for authorization was submitted on January 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 80

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST; OPIOIDS, CRITERIA FOR USE, ON-GOING MANAGEMENT Page(s): 91 & 76-78.

**Decision rationale:** The injured worker complained of neck and upper back pain. It was noted that the injured worker has had frequent visits to the chiropractor and massage therapy due to increased muscle pain, stiffness, myofascial muscle spasms and cramping. The injured worker's prescribed medication regimen included lidoderm 5% patch, prilosec 40mg, biofreeze pain relieving gel, soma 350mg, celebrex 200mg, duragesic 50 mcg/hr patch, neurontin 300mg, and norco 10/325mg. The California MTUS guidelines recognize norco as a short-acting opioid, which is an effective method in controlling chronic pain which can also be used for intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of information provided documenting the efficacy of norco on the injured worker's pain. In addition, it was unclear if the injured worker gained any significant function from the use of the pain medication. Therefore, the request is not medically necessary.

**12 SESSIONS OF MASSAGE THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MASSAGE THERAPY, 60

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 60.

**Decision rationale:** The injured worker complained of neck and upper back pain. It was noted that the injured worker has had frequent visits to the chiropractor and massage therapy due to increased muscle pain, stiffness, myofascial muscle spasms and cramping. The injured worker's prescribed medication regimen included lidoderm 5% patch, prilosec 40mg, biofreeze pain relieving gel, soma 350mg, celebrex 200mg, duragesic 50 mcg/hr patch, neurontin 300mg, and norco 10/325mg. The California MTUS guidelines recognize that massage therapy should be in conjunction with other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. There is a lack of clinical information indicating if the injured worker is performing exercises, or in an at-home exercise program. It was also noted that the injured worker has had previous massage therapy; however, the amount of sessions she has had is unclear. Moreover, the request for 12 sessions exceeds the guidelines which recommend massage therapy of 4-6 visits. Therefore, the request is not medically necessary.

**12 CHIROPRACTIC THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY AND MANIPULATION, 58-60

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MANUAL THERAPY & MANIPULATION Page(s): 58 & 59.

**Decision rationale:** The injured worker complained of neck and upper back pain. It was noted that the injured worker has had frequent visits to the chiropractor and massage therapy due to increased muscle pain, stiffness, myofascial muscle spasms and cramping. The injured worker's prescribed medication regimen included lidoderm 5% patch, prilosec 40mg, biofreeze pain relieving gel, soma 350mg, celebrex 200mg, duragesic 50 mcg/hr patch, neurontin 300mg, and norco 10/325mg. The California MTUS guidelines recommend chiropractic therapy for chronic pain if caused by musculoskeletal conditions. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. It was noted that the injured worker frequently attended chiropractic care; however, the efficacy and outcome is unclear. There is a lack of clinical information provided indicating the amount of previous chiropractic visits. There is also a lack of clinical information provided to indicate if the injured worker had any measurable improvement from the chiropractic care. Therefore the request is not medically necessary.