

Case Number:	CM14-0105439		
Date Assigned:	07/30/2014	Date of Injury:	02/24/2012
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/08/2014

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 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 injured worker is a 64-year-old-male who suffered industrial injury on 02/24/2012. The patient alleges an industrial injury to his neck, right shoulder, and low back while at work. The patient complains of neck pain, which is described as aching pain and is aggravated by looking over his shoulder when driving. The pain is completely relieved by resting, using medicated ointment and taking medication. The patient complains of right shoulder pain, which is described as aching pain that becomes sharp. His pain is completely relieved by resting and taking medication. The patient complains of low back pain and stiffness, and occasionally sharp and stabbing. There is complaint of tingling at the left lower extremity. The pain is partially relieved by resting, medication, and use of heat. She is also noted that she received physical therapy times 15 sessions for her neck and right shoulder without significant benefit. Physical examination of neck and upper extremities: There is complaint of pain with neck range of motion with minimal restriction. On right shoulder exam Neer's test is positive. Strength with supraspinatus isolation is 4/5, with pain. Range of motion (ROM) was flexion 160 degrees bilaterally, internal rotation 40/45 at R/L. Neurological exam: Sensation to pinprick and light touch is decreased over the right anterior biceps, and intact in the left upper extremity. Examination of back and lower extremities reveals the patient's gait is antalgic, with pain referred to the low back. There is complaint of tenderness to palpation over the left paraspinals. X-rays of the cervical spine reveal moderately severe degenerative changes of the lower cervical spine, with a loss of the normal lordosis. X-rays of the right shoulder reveal degenerative changes of the acromioclavicular joint. Diagnoses were Cervicothoracic strain/arthrosis. Status post right shoulder arthroscopic subacromial decompression and rotator cuff tear 12/5/13, Lumbosacral strain/arthrosis/discopathy with foraminal stenosis. A request for 12 sessions of physical therapy was made. UR determination: Modified the requested physical therapy to six sessions of PT,

Modified the requested Acupuncture electrical stimulation to six sessions for cervical and lumbar spine. Modified the requested Norco 10/325mg to # 60 refill, Modified the requested Motrin 800mg tablets to #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times twelve for the cervical spine and right shoulder: Upheld

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

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

Decision rationale: As per California Medical Treatment Utilization Schedule (MTUS) guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. California MTUS - Physical Medicine; allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the injured worker has received 15 physical therapy visits for neck and shoulder without benefit. Also, the previous request was modified to 6 physical therapy visits. As such, additional physical therapy visits will exceed the allowed number of physical therapy visits per guidelines recommendation. This injured worker should be well-versed in home exercise program to address residual complaints, and maintain functional levels. Furthermore, the records indicate that the injured worker has not had any benefit with therapy; no significant improvement in the objective measurements such as pain level, range of motion (ROM) or strength. Therefore, the request is considered not medically necessary.

Acupuncture electrical stimulation times twelve visits for the cervical spine and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 4.5. Division of Workers' Compensation Subchapter 1. Administrative Director--Administrative Rules, Article 5.5.2. Medical treatment utilization schedule - 9792.24.1. Acupuncture Medical Treatment Guidelines.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. According

to the treatment guidelines, Acupuncture may be an option for patients when pain medication is reduced or not tolerated, which is not the case of this patient. If implemented, the guidelines state 3-6 treatments is sufficient time to produce results, and additional treatments may only be indicated with documented functional improvement. The medical records do not establish the patient is a candidate for Acupuncture trial per guidelines (No documentation of attempt in reducing pain medications and initial request for 12 sessions). Therefore, the medical necessity of the request of Acupuncture is not established.

Norco 10/325 mg qty 60 w/1 refill po bid prn pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains 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 nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, which are known to be effective for treatment of moderate to severe pain and symptoms. In addition there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no significant improvement in pain and function with continuous use of this medication. There is no documentation of drug urine screen to monitor compliance. Prior recommendation was to discontinue this medication. The medical documents do not support continuation of opioid pain management; therefore the medical necessity for Norco has not been established.

Motrin 800 mg qty 120 1 tab bid pm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants, but had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. There is no documentation of any significant

improvement of pain and function with prior use of this medication. Therefore, the request is not medically necessary according to the guidelines.