

<b>Case Number:</b>	CM14-0174147		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Internal Medicine has a subspecialty in Nephrology 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:

This is a 53-year-old female with a 7/25/13 date of injury, when she slipped and fell and sustained injuries to the neck and bilateral shoulders. The patient was seen on 9/22/14 for the follow up visit. The patient was noted to be on Norco and Naproxen. Exam findings revealed weight 152 pounds, BMI 28.7, blood pressure 121/74 and pulse 65. The patient's pain was rated 9/10. The note stated that the patient's MRI scan showed some tendinitis with no evidence of surgical lesion and that the patient was ready for PT. The patient has been noted to utilize Norco at least from 4/10/14. The diagnosis is myalgia and myositis and joint pain in the upper arm. Treatment to date: work restrictions and medications. An adverse determination was received on 10/8/14 for lack of functional improvement and decrease in pain. The request for 12 PT (physical therapy) sessions for the neck and shoulder for myofascial release, QTY: 12 was modified to 10 sessions given that the guidelines supported 10 sessions of PT for this diagnosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10.325 #30 with no refills, QTY: 30: 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 Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress notes indicated that the patient was utilizing Norco at least from 4/10/14, however given the 2013 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, the recent urine drug screen test was not available for the review. Therefore, the request for Norco 10.325 #30 with no refills, QTY: 30 is not medically necessary.

**12 PT (physical therapy) sessions for the neck and shoulder for myofascial release, QTY: 12: 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 Therapy Page(s): 98-99.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. For myalgia and myositis, unspecified (ICD9 729.1): CA MTUS recommends 9-10 visits over 8 weeks. However the UR decision dated 10/8/14 modified the request from 12 sessions of PT to 10 sessions for the patient. Therefore, the request for 12 PT (physical therapy) sessions for the neck and shoulder for myofascial release, QTY: 12 is not medically necessary.