

Case Number:	CM14-0022991		
Date Assigned:	05/14/2014	Date of Injury:	11/07/2009
Decision Date:	07/24/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 a 65-year-old female who has submitted a claim chronic neck pain, spondylosis, disk disease and chronic back pain, spondylosis, disk disease, associated with an industrial injury date of November 7, 2009. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck pain, back pain, radicular pain down both legs and radiating pain to the right 4th and 5th digits. Physical examination showed that cervical, thoracic and lumbar range of motion were moderately limited and guarded. There was diffuse soft tissue tenderness to the cervical, thoracic and lumbar regions of the spine. Increased muscle tone was noted at the base of the neck and bilateral lumbar soft tissues from L1 through L5. Treatment to date has included steroid injections, physical therapy, chiropractic treatment and medications, which include Ibuprofen, and Vicodin. Utilization review from February 12, 2014 denied the request for massage therapy twice a week for three weeks because the patient most likely has completed adequate conservative treatment to date given the remote date of injury. There was also no indication that there has been a flare-up or exacerbation of the patient's condition, which would necessitate a treatment program. The request for Vicodin 5/500mg #60 was also denied because the medical records did not establish that the patient's physical examination findings warranted treatment with an opioid. Also, records did not establish that the patient failed trials of non-narcotic analgesic medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY 2 X 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, MASSAGE THERAPY Page(s): 60.

Decision rationale: According to page 60 of the CA MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended as an option and should be an adjunct to other recommended treatment and it should be limited to 4-6 visits in most cases. In this case, the patient has already completed an unknown number of massage therapies dating back to 2009 following the injury, but there were no documented specific functional improvements from these visits such as improved activities of daily living. The reason for requesting massage therapy is to provide relief for widespread myofascial pain and muscle spasm. However, the request did not specify the body part requiring therapy. Therefore, the request for MASSAGE THERAPY 2 x 3 is not medically necessary.

VICODIN 5/500, ONE TWO TIMES A DAY AS NEEDED FOR PAIN, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, OPIOIDS, ON-GOING MANAGEMENT Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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 monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the medical records failed to mention how long the patient has been on Vicodin, but the earliest documented intake was from a progress report dated 11/8/13. The medical records from February 2014 did not clearly reflect continued analgesia or functional benefit, or a lack of adverse effects or aberrant behavior. Additional information is needed as guidelines require clear and concise documentation for ongoing management. Medical necessity has not been established. Therefore, the request for VICODIN 5/500, ONE TWO TIMES A DAY AS NEEDED FOR PAIN, #60 is not medically necessary.