

<b>Case Number:</b>	CM14-0023038		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	01/24/2002
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed the claim for chronic shoulder, ankle, and wrist pain reportedly associated with an industrial injury of January 24, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier carpal tunnel release surgeries; corticosteroid injection therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a utilization review report dated February 14, 2014, the claims administrator approved a request for gabapentin outright, partially certified Tylenol No 4, seemingly for weaning purposes, and denied unspecified amounts of physical therapy. Non-MTUS ODG Guidelines were cited in the decision to deny physical therapy despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. An April 3, 2014 progress note was sparse, handwritten, difficult to follow, not entirely legible, and notable for comments that the applicant was unimproved and unchanged. The applicant reportedly carried diagnoses of osteomyelitis, peripheral neuropathy, low back pain, ankle pain, and carpal tunnel syndrome. The applicant was asked to pursue a shoulder corticosteroid injection. The applicant was described as not working. Tylenol No. 4 was refilled. It was stated that the applicant's pain with medications were 7/10 and 9/10 without medications. In a rheumatology note of May 12, 2014, the applicant was described as using tramadol for pain relief along with topical creams. The applicant was again placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TYLENOL 4 (APAP/CODINE 300/30MG) QUANTITY: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Hyperalgesia Chapter Page(s): 79-80, 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. There is not evidence of any improvements in function or reduction in pain achieved as a result of ongoing opioid therapy. The applicant's statement that pain scores drop from 9/10 to 7/10 with medications appears to be marginal to negligible at best and is outweighed by the fact that the applicant is off of work as well as the fact that attending provider has not clearly documented any material improvements in function achieved as a result of ongoing opioid usage. Therefore, the request is not medically necessary.

**PHYSICAL THERAPY QUANTITY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Chapter Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 9792.20F. Page(s): 8.

**Decision rationale:** The applicant has had earlier unspecified amounts of physical therapy over the life of the claim. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off of work. The applicant remains highly reliant and highly dependent on opioid therapy and other forms of medical treatment. Therefore, based on guidelines as defined in MTUS 9792.20f, and a review of the evidence, the request for Additional Physical Therapy is not medically necessary.