

Case Number:	CM14-0033251		
Date Assigned:	06/20/2014	Date of Injury:	01/02/2008
Decision Date:	08/05/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/17/2014

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 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:

According to the records made available for review, this is a 34-year-old with a January 2, 2008 date of injury. At the time of request for authorization for Vicodin 5/300 mg #120 and Twelve massage therapy sessions, two times weekly for six weeks (on February 11, 2014), there is documentation of subjective (upper shoulder and cervical pain) and objective (tenderness over the cervical and lumbar paraspinal areas, with decrease range of motion) findings, current diagnoses (herniated disc of the cervical spine, cervicgia, and impingement syndrome), and treatment to date (medications (including Vicodin since at least October 24, 2011) and physical therapy). Regarding Vicodin, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions or an increase in activity tolerance as a result of Vicodin use to date. Regarding massage therapy, it cannot be determined if this is a request for initial or additional massage therapy and massage used in conjunction with an exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone; Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of herniated disc of the cervical spine, cervicalgia, and impingement syndrome. In addition, there is documentation of ongoing treatment with Vicodin. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions or an increase in activity tolerance as a result of Vicodin use to date. Therefore, based on guidelines and a review of the evidence, the request for Vicodin 5/300 mg, 120 count, is not medically necessary or appropriate.

Massage therapy, twice weekly for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation that massage therapy is being used as an adjunct to other recommended treatment (e.g. exercise), as criteria necessary to support the medical necessity of massage therapy. The ODG identifies documentation of objective functional deficits, functional goals and massage used in conjunction with an exercise program, as criteria necessary to support the medical necessity of massage therapy. In addition, ODG recommends a trial of six visits over two weeks, with evidence of objective functional improvement, total of up to eighteen visits over six to eight weeks. Within the information available for review, there is documentation of diagnoses of herniated disc of the cervical spine, cervicalgia, and impingement syndrome. In addition, there is documentation of objective functional deficits and functional goals. However, given documentation of a January 2, 2008 date of injury, it is not clear if this is a request for initial or additional (where massage therapy may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) massage therapy. In addition, there is no documentation of massage therapy used in conjunction with an exercise program. Therefore,

based on guidelines and a review of the evidence, the request for massage therapy, twice weekly for six weeks, is not medically necessary or appropriate.