

Case Number:	CM14-0035979		
Date Assigned:	06/23/2014	Date of Injury:	12/26/2012
Decision Date:	07/21/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 48 year old male who was injured on 12/26/12 in an automobile accident. He was later diagnosed with neck sprain/strain, cervical spondylosis with radiculopathy into the left arm, lumbar sprain/strain, and diffuse regional myofascial pain. He was treated with physical therapy, chiropractic treatments, lumbar injections. He was able to return to work with restrictions. It is unclear when he was started on Hydrocodone and Ibuprofen or who prescribed it, but was using them at the time of the request and no report of their effect on his pain level was reported in the progress notes. He saw his pain specialist for the first time on 2/18/13 complaining of low back pain and neck pain, and rated his overall pain level at a 6/10 on the pain scale which caused difficulty sleeping. Physical examination was remarkable for limited range of motion of the lumbar spine, normal strength throughout back and neck, normal sensation to lower extremities, decreased sensation to C6 nerve distribution on left arm, tenderness of cervical facets, lumbar facets, and lumbar paraspinal muscles. He was recommended facet joint injections, exercise, and 6 sessions of myofascial release therapy for the goal of weaning him off of his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of myofascial release therapy sessions QTY: 6.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower Back Section, Massage and Neck and Upper Back Section, Massage.

Decision rationale: The California MTUS Chronic Treatment Guidelines recommend massage therapy (up to 4-6 visits in most cases) as an adjunct to other recommended treatments such as exercise and may be helpful at attenuating diffuse musculoskeletal symptoms as well as anxiety and stress reduction. Passive treatments such as massage can lead to dependence and are not recommended for frequent sessions. Massage may be recommended for acute injuries, chronic pain (if not already trialed), and post-operatively. The ODG states that mechanical massage devices are not recommended. The ODG also allows massage therapy to continue beyond the trial period up to a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. The myofascial release therapy trial is indicated in this case, and 6 sessions are medically necessary.

Hydrocodone/APAP 10/325mg, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. It is not known who prescribed this medication for the worker in this case, and it is not known what the quantity or the frequency that was requested. Also, there was no evidence of functional improvement with hydrocodone use in the documents provided for review. Therefore, the hydrocodone/APAP is not medically necessary.

Ibuprofen 200mg, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen Page(s): 51, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: The California MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The California MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was no record of who prescribed this medication or what the number or frequency was to be requested. There was no evidence, seen in the documents available for review, of the worker having an acute flare-up of pain preceding its initiation of this medication, nor any evidence of functional benefit from its use. Therefore the ibuprofen is not medically necessary.