

Case Number:	CM14-0037079		
Date Assigned:	06/25/2014	Date of Injury:	11/13/2008
Decision Date:	07/25/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/27/2014

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 patient is a 49 year old female who was injured on 11/13/2008. The mechanism of injury is unknown. Prior medication history included Tramadol, Tylenol, Nucynta, NSAIDs (Non Steroidal Anti inflammatory Drugs). She was treated conservatively with home exercise program which decreased her pain and physical therapy 8/8 sessions. Progress report dated 03/06/2014 indicates the patient complained of bilateral neck radiating to the bilateral shoulders, right worse than the left. On exam, there is tenderness to palpation of the cervical paraspinal muscles. Right shoulder and cervical range of motion were restricted by pain in all directions. The right shoulder impingement signs, including Hawkin's were positive. Cervical flexion was worse than cervical extension. Cervical discogenic provocative maneuvers were positive. Nerve root tension signs were negative bilaterally. Muscle strength reflexes are 1 and symmetric bilaterally in all limbs. Diagnoses are cervical disc protrusion, cervical stenosis, cervical radiculopathy, cervical facet joint pain, cervical facet joint arthropathy, cervical sprain/strain, bilateral upper extremity repetitive injury and right shoulder impingement. The patient is recommended for massage therapy and Norco 5/325 mg. Prior utilization review dated 03/19/2014 states the request for Norco 5/325 mg #30 and Massage therapy 2x4 is not certified as the patient has exceeded the amount of therapy sessions allowed by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Hydrocodone/ Acetaminophen Page(s): 95;125.

Decision rationale: The The CA MTUS guidelines recommend against using Norco (hydrocodone/Acetaminophen long term due to potential hyperalgesia syndrome. The request is for chronic opioid (Norco) which is not recommended without documentation of objective functional improvement while on opioids. The patient's pain/radicular symptoms have become progressive and therefore may be due to hyperalgesia syndrome and is not recommended as necessary. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request of Norco 5/325mg #30 is not medically necessary.

Massage therapy 2x4: Upheld

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

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

Decision rationale: The CA MTUS guidelines recommends that should be long term objective functional improvement with the massage therapy which is not reported. The request for additional massage therapy is not appropriate that is the guidelines do not recommend any more than 4-6 visits.. The medical records document the patient's symptoms have increased and there has been no objective functional improvement. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request of Massage therapy 2x4 is not medically necessary.