

<b>Case Number:</b>	CM14-0068661		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/08/2006
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 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 request for massage therapy for the neck for a total of 3 visits is not medically necessary. The documentation indicates the injured worker having previously undergone massage therapy. There is an indication the injured worker had shown subjective improvement; however, no objective data was submitted confirming the injured worker's objective functional improvement. Therefore, this request is not indicated as medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg. # 90 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): : 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the

continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

**Massage Therapy for neck pain, 3 visits:** Upheld

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

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

**Decision rationale:** The request for massage therapy for the neck for a total of 3 visits is not medically necessary. The documentation indicates the injured worker having previously undergone massage therapy. There is an indication the injured worker had shown subjective improvement; however, no objective data was submitted confirming the injured worker's objective functional improvement. Therefore, this request is not indicated as medically necessary.