

Case Number:	CM14-0072677		
Date Assigned:	08/15/2014	Date of Injury:	08/26/2009
Decision Date:	10/03/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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:

According to the records made available for review, this is a 56-year-old male with a 8/26/09 date of injury, and status post right shoulder arthroscopy, Mumford procedure, and manipulation under anesthesia 4/8/13, and status post rotator cuff repair 3/29/10. At the time (5/9/14) of request for authorization for physiotherapy, 12 sessions, Norco 10/325mg #60, and Fexmid 7.5mg #60, there is documentation of subjective (right shoulder pain and cervical spine pain rated 3/10) and objective (cervical spine muscle guarding, 4/5 muscles strength shoulder internal rotation, and abduction, shoulder tenderness, positive impingement, range of motion flexion 112, extension 38, abduction 98, adduction 42, internal rotation 40, and external rotation 64 degrees) findings, current diagnoses (right shoulder re-scope with Mumford and manipulation under anesthesia 4/18/13, status post rotator cuff repair 3/29/10 and cervical sprain/strain), and treatment to date (home exercise program and physical therapy (at least 18 visits), and medications (including Norco since at least 9/13) and Fexmid (since at least 11/13)). 4/9/14 medical report identifies that patient responded favorably to Norco and was able to maintain his functional levels and perform activities of daily living better, and patient was capable of returning to work. In addition, 4/9/14 medical report identifies that Fexmid was prescribed as adjunct to the other medication to effectively reduce muscle spasm, and that Fexmid has been effective in relieving patient's symptomatology. Regarding the requested physiotherapy, 12 sessions, there is no documentation 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 as a result of physical therapy visits completed to date. Regarding the requested Norco 10/325mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and that the lowest possible dose is being prescribed. Regarding the requested Fexmid 7.5mg #60, there is no documentation of an acute exacerbation

of chronic pain, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fexmid use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physiotherapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. 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. ODG recommends a limited course of physical therapy for patients with diagnoses of post-surgical impingement syndrome and adhesive capsulitis not to exceed 24 visits over 14 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right shoulder re-scope with Mumford and manipulation under anesthesia 4/18/13, status post rotator cuff repair 3/29/10 and cervical sprain/strain. In addition, there is documentation of 18 physical therapy visits completed to date. Furthermore, there is documentation of functional deficits. However, there is no documentation 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 as a result of physical therapy visits completed to date. In addition, given that the request is for physiotherapy, 12 sessions, which along with the number of visits provided to date, would exceed guidelines, there is no documentation of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for twelve (12) Physiotherapy sessions is not medically necessary and appropriate.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS 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 right shoulder re-scope with Mumford and manipulation under anesthesia 4/18/13, status post rotator cuff repair 3/29/10 and cervical sprain/strain. In addition, there is documentation of functional benefit or improvement as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and that the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #60 is not medically necessary.

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of right shoulder re-scope with Mumford and manipulation under anesthesia 4/18/13, status post rotator cuff repair 3/29/10 and cervical sprain/strain. In addition, there is documentation that Fexmid is used as a second line option. However, there is no documentation of an acute exacerbation of chronic pain. In addition, given medical records reflecting prescription for Fexmid since at least 11/13, and despite documentation that Fexmid has been effective in relieving patient's symptomatology, there is no documentation 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 as a result of Fexmid use to date. Therefore, based on guidelines and a review of the evidence, the request for Fexmid 7.5mg #60 is not medically necessary.

