

Case Number:	CM14-0081291		
Date Assigned:	09/18/2014	Date of Injury:	04/30/2013
Decision Date:	10/16/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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:

Injured worker is a female with date of injury 4/30/2013. Per doctor's initial report of injury dated 5/2/2014, the injured worker began to experience the onset of pain in bilateral knees, neck, low back and left shoulder due to repetitive work duties. Bilateral shoulder surgery status post left shoulder [?] also complains of neck pain, low back and knee pain. On examination she has decreased range of motion left much worse than right. There is decreased range of motion of lumbar spine. There is tenderness over bilateral knees. Diagnoses include 1) status post left shoulder surgery 2) cervical spine strain/sprain 3) bilateral shoulder tendinosis 4) lumbar spine status post fusion 5) bilateral [?].

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy to left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The MTUS Guidelines recommend up to 24 visits of postsurgical physical therapy over 14 weeks. The claims administrator reports that the injured worker has had a total

of 40 postsurgical physical therapy sessions. The clinical reports do not provide sufficient information regarding the efficacy of prior physical therapy, or why extended physical therapy is necessary for this injured worker. Medical necessity has not been established for this request within the recommendations of the MTUS Guidelines. The request for 12 Physical Therapy to left shoulder is determined to not be medically necessary.

Norco 60 Tablets 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section, Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has reported pain in multiple areas with tenderness and reduced range of motion. There is no report of the efficacy of the medications or why continued use of opioid pain medications is necessary. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 60 Tablets 10/325mg is determined to not be medically necessary.

Robaxin 750mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) section, Weaning of Medications section, Page(s):) 63, 66, 124.

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheadedness are commonly reported adverse reactions with the use of Robaxin. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. Medical necessity for continued use of Robaxin has not been established within the recommendations of the MTUS Guidelines. Discontinuation of chronically used muscle relaxants should include a tapering dose to decrease withdrawal symptoms. This

request however is not for a tapering dose. The request for Robaxin 750mg is determined to not be medically necessary.