

Case Number:	CM14-0191960		
Date Assigned:	11/25/2014	Date of Injury:	05/11/2011
Decision Date:	01/12/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in New York. 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 injured worker is a 31-year-old male who reported an injury of unspecified mechanism on 05/11/2011. On 09/11/2014, his diagnoses included thoracic sprain, right wrist sprain, lateral epicondylitis, headache, right knee contusion, cervical sprain, right shoulder impingement syndrome, status post arthroscopic subacromial decompression of the right shoulder on 05/10/2012, and multiple lumbar spine disc protrusions. His complaints included intermittent right shoulder pain rated 5/10, frequent low back pain rated 2/10, and sleep disturbance due to his pain. He reported that his pain was reduced with rest, activity modification, and heat. He had been participating in physical therapy. His right shoulder ranges of motion were decreased due to pain. His lumbar spine ranges of motion were reduced due to pain and spasms. His treatment plan included requests for continuing physical therapy for the right shoulder and lumbar spine to improve range of motion through exercises, increase strength, and decrease pain level with multimodality procedures, and the continuation of Norco 10/325 mg for pain. A Request for Authorization, dated 09/11/2014, was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x3 for Lumbar Spine and x6 for the Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy x3 for lumbar spine and x6 for the right shoulder is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The recommended schedule for myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. The request as submitted did not include treatment fading or a time frame for the requested physical therapy visits. Therefore, this request for physical therapy x3 for lumbar spine and x6 for the right shoulder is not medically necessary.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 10/325mg is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioids, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy or drug screens. Additionally, there was no quantity or frequency specified in the request. Therefore, this request for Norco 10/325mg is not medically necessary.