MAXIMUS Federal Services

Case Number:	CM14-0193561		
Date Assigned:	12/01/2014	Date of Injury:	03/29/2013
Decision Date:	01/13/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal Medicine 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 48-year-old female, with a reported date of injury of 03/29/2013. The result of injury includes neck pain following a rotator cuff tear in the right shoulder while at work. The current diagnoses include cervical radiculopathy, cervical disc protrusion, and cervical stenosis. The past diagnoses include disc protrusion measuring 2mm at C3-C4, C4-C5; mild central stenosis at C4-C5; mild neural foraminal stenosis at C4-C5; facet joint arthropathy at C4-C5, C5-C6, and C6-C7; central stenosis at C5-C6; right neural foraminal stenosis at C6-C7; and right cervical radiculopathy with right upper extremity weakness. Treatments have included physical therapy, Motrin, Maxalt, and Norco 5/325mg three times a day. The medical records provide documentation of eight (8) physical therapy sessions from 06/25/2014 thru 08/12/2014. The physical therapy progress report dated 08/12/2014 indicated that the injured worker complained of persistent upper back and neck pain. She admitted that the pain made it hard for her to sleep, and that she had numbness in her fingers. The injured worker admitted that the physical therapy helped. The treating provider noted that there was gradually diminishing hypersensitivity of the right greater than left cervical spine and better tolerance to light soft tissue mobilization/myofascial release. On 08/18/2014 physical therapy was certified. The progress report dated 09/08/2014 indicated that the injured worker had completed physical therapy to the neck and reported decreased neck pain by 30% and increased range of motion by 50%. She rated her pain a 4 out of 10. The physical examination revealed tenderness upon palpation of the cervical paraspinal muscles; restricted cervical range of motion in all directions, due to pain; and cervical extension worse than cervical flexion. The treating physician recommended six (6) physical therapy sessions to build upon the injured worker's improvement. The treating physician noted that the Norco provided 50% improvement of the injured worker's pain, with 50% improvement of her activities of daily living. On 11/12/2014, Utilization Review (UR)

denied the request for six (6) physical therapy sessions for the neck, and provided modified approval of the Norco 5/325mg #90, with zero refills times two (2). The UR physician provided approval for Norco 5/325mg #90, with no refills. The UR physician cited the MTUS Chronic Pain Guidelines, the ACOEM Guidelines, and the ODG-TWC Guidelines, and noted that the documentation does not reflect the amount of therapy previously administered, nor the amount/duration of any functional benefits obtained from it. It was also noted that objective evidence of functional benefit is recommended to support the ongoing use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for neck qty. 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition (2004) -- pp. 173-175, Official Disability Guidelines Neck and upper back (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 188.

Decision rationale: The patient had physical therapy certified in 08/2014. ACOEM, Chapter 8 notes that one or two visits of physical therapy may be needed for instruction in a home exercise program. This should have already been provided in 08/2014. There is no objective documentation that continued formal physical therapy at this point in time relative to the date of injury is superior to a home exercise program. Also, there is no objective documentation of a loss of functionality that would preclude a home exercise program. Therefore the request is not medically necessary.

Norco 5/325mg, Qty. 90 with zero refills times 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines (Effective July 18, 2009) Page 78, On-Going Management of opioids state: Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or

improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain dairy that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. There is insufficient documentation that the patient met the above criteria for continued opiate treatment. The request for Norco 5/325 qty #90 with zero refills is not medically necessary.