

<b>Case Number:</b>	CM14-0211803		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	04/08/2005
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Massachusetts, New Hampshire, New York  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 53-year-old female who reported an injury on 04/08/2006. The mechanism of injury involved cumulative trauma. The current diagnoses include cervical strain, shoulder strain, and lumbar strain. The injured worker presented on 10/22/2014 with complaints of 7/10 neck and low back pain and 4/10 right shoulder pain. Upon examination, there was intact sensation, 5/5 motor strength, negative straight leg raise, 2+ deep tendon reflexes, and limited range of motion of the right shoulder. The injured worker was instructed to continue the current medication regimen of Cymbalta 30 mg, Norco 5 to 10/325 mg, Ultram 25 to 50 mg, and Celebrex 200 mg. Chiropractic treatment and home exercise were also recommended. A Request for Authorization form was then submitted on 10/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (quantity and dose not specified): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioid should not be employed until the patient has failed a trial nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has continuously utilized this medication since at least 06/2014. There is no documentation of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. The current request does not include a strength, frequency, or quantity. Therefore, the request is not medically appropriate.

**Eight sessions of Physical Therapy for neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Neck and Upper Back Chapter

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

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Documentation of the previous course of physical therapy was not provided. Without evidence of objective functional improvement following an initial course of treatment, further treatment cannot be determined as medically appropriate.

**Psychological Pain Consult:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. According to the documentation provided, there was no evidence of a significant functional limitation. There is no mention of an exhaustion of conservative management. Therefore, the medical necessity for a psychological pain consultation has not been established at this time. Therefore, the request is not medically appropriate.