

Case Number:	CM15-0000173		
Date Assigned:	01/09/2015	Date of Injury:	10/16/2010
Decision Date:	03/11/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/31/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female, with a reported date of injury of 10/16/2010. She has reported neck pain. The diagnoses have included cervical fusion, status post anterior cervical discectomy and fusion (ACDF), axial neck pain, cervical radiculitis, cervical degenerative disc disease, and cervical myofascial pain. Treatments to date have included Norco, Baclofen, and cervical epidural steroid injection on 09/23/2014. Currently, the injured worker complains of limited palliation of pain of the cervical spine after the epidural steroid injection. The objective findings included diffuse axial neck pain, radicular distribution pain along the dermatomes, and positive Spurling's test bilaterally. The treating physician indicated that the injured worker has tried and failed cervical epidural steroid injections, short and long-acting opiates and muscle relaxants including Baclofen for the palliation of existing chronic pain involving the neck and upper extremity. The treating physician also indicated that the injured worker had myofascial tender spots on physical examination with a 2-3 fingerbreadth head forward posture that was in need of physical therapy. On 12/03/2014, Utilization Review (UR) non-certified the request for physical therapy two (2) times a week for six (6) weeks, Norco 10/325mg (maximum of 8 per day), and Baclofen 10mg every eight (8) hours, the UR physician noted that was not clear if the request is for initial or additional physical therapy, no documentation that the prescription for Norco is from a single practitioner and is taken as directed, and no documentation of acute muscle spasms, and the intention to treat over a short course. The ACOEM Guidelines, Official Disability Guidelines, Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 visits per week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114; Official Disability Guidelines (<http://www.odg-two.com/preface.htm#PhysicalTherapyGuidelines>), Neck & Upper Back Chapter

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

Decision rationale: The patient presents with cervical radiculitis, cervical degenerative disc disease, cervicgia and cervical myofascial pain, as per progress report dated 11/17/14. The request is for PHYSICAL THERAPY 2 VISITS PER WEEK FOR SIX WEEKS. Medications, as per the same progress report, include Norco and Baclofen. The patient is status post anterior cervical discectomy and fusion surgery date unavailable, as per progress report dated 07/14/14. The reports do not document the patient's work status. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the progress reports are short and do not provide detailed information about the patient's medical history and symptoms. Given the patient's date of injury of 10/16/10, it is prudent to assume that the patient has received some physical therapy in the past. The patient is status post anterior cervical discectomy and fusion. However, the date of the surgery is not mentioned in progress report dated 07/14/14. Hence, it is not clear whether the patient is within the post-operative time frame or not. Although the request is noted in progress report dated 11/17/14, the treater does not discuss the purpose. Additionally, MTUS only allows 8 to 10 sessions of physical therapy in non-operative cases, and the treater's request for 12 sessions exceeds that limit. Hence, the request IS NOT medically necessary.

Norco 10/325 max 8 per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with cervical radiculitis, cervical degenerative disc disease, cervicgia and cervical myofascial pain, as per progress report dated 11/17/14. The request is for NORCO 10/325 MAX 8 PER DAY. Medications, as per the same progress report, include Norco and Baclofen. The patient is status post anterior cervical discectomy and fusion surgery date unavailable, as per progress report dated 07/14/14. The reports do not document the patient's work status. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or

validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 07/14/14. Hence, it is reasonable to assume that the patient has been using the medication consistently at least since then. The treater, however, does not mention a change in pain scale nor does the treater use a validated instrument to show significant functional improvement. Progress report dated 11/17/14 states that the patient's quarterly urine toxicology report was reviewed but the results are not documented in the report nor does the treater mention CURES report or side effects associated with opioid use. MTUS requires clear discussion about 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for chronic opioid use. Additionally, the request is for NORCO 10/325 MAX 8 PER DAY but it does not include the quantity or duration of the treatment. Even if Norco was indicated, maximum dose allowed per MTUS is 60mg/24 hrs, and the current request exceeds this. The request IS NOT medically necessary.

Baclofen 10mg q. 6h: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with cervical radiculitis, cervical degenerative disc disease, cervicgia and cervical myofascial pain, as per progress report dated 11/17/14. The request is for BACLOFEN 10 mg q 8 H. Medications, as per the same progress report, include Norco and Baclofen. The patient is status post anterior cervical discectomy and fusion surgery date unavailable, as per progress report dated 07/14/14. The reports do not document the patient's work status. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen." In this case, a prescription for Baclofen is first noted in progress report dated 07/14/14. Hence, it is reasonable to assume that the patient has been using the medication consistently at least since then. The treater, however, does not document any improvement in function or reduction in pain scale due to prolonged Baclofen use. Additionally, requested medication is listed as one with the least published evidence of clinical effectiveness and is recommended for short-term use only. The treater's request does not include quantity or the duration of the treatment to make a determination based on MTUS. Hence, this request IS NOT medically necessary.

