

Case Number:	CM15-0103913		
Date Assigned:	06/08/2015	Date of Injury:	09/17/2009
Decision Date:	07/10/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/29/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 61-year-old male, who sustained an industrial injury on 9/17/09. He reported neck and back pain. The injured worker was diagnosed as having myoligamentous cervical spine strain/sprain, multilevel cervical spondylosis, left and right shoulder arthroscopy, myoligamentous lumbar spine strain/sprain and multilevel lumbar spondylosis. Treatment to date has included physical therapy, activity restrictions, oral medications including opioids and home exercise program. Currently, the injured worker complains of ongoing neck and low back pain rated 3/10 at rest and 8/10 with activity. He also notes associated numbness and tingling and weakness of both arms and legs. He is currently not working. Physical exam noted tenderness to palpation of the cervicothoracic paraspinal region with restricted range of motion and restricted range of motion of lumbar spine. The treatment plan included a request for physical therapy and a prescription for Tylenol with Codeine. A request for authorization was submitted for 8 physical therapy sessions of the cervical spine and Tylenol with Codeine 300/30mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for cervical spine and lumbar spine, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines, Back Chapter, Physical Therapy.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the requested number of 8 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request is not medically necessary.

Tylenol-Codeine 300/30mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Tylenol-Codeine is compounded medication containing the opioid codeine and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case there is no documentation that the patient has failed treatment with acetaminophen or NSAIDs. Opioid medication is not indicated. The request is not medically necessary.

