

Case Number:	CM15-0181669		
Date Assigned:	09/22/2015	Date of Injury:	09/26/2012
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/15/2015

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: 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 39 year old female, who sustained an industrial injury on 09-26-2012. She has reported injury to the neck. The injured worker has been treated for musculoligamentous sprain-strain, cervical spine; and disc herniation, C5-6, with progressive neurologic deficits, myeloradiculopathy. Treatment to date has included medications, diagnostics, activity restrictions, and home exercise program. Medications have included Tramadol ER, Naproxen, Norco, Terocin lotion, Cyclobenzaprine, Prilosec, and Pantoprazole. A progress report from the treating physician, dated 08-24-2015, documented a follow-up visit with the injured worker. The injured worker reported that the neck pain continues to be severe and the left upper extremity numbness and tingling persists; the pain has been about the same to worse; she has still not had any recent treatment; she now complains of low back pain; she continues a home exercise program; and she needs medication for pain and spasm. Objective findings included there is normal reflex, sensory and power testing to bilateral upper and lower extremities, except for numbness and weakness (4+ out of 5) on the left at C6; positive cervical tenderness and muscle spasms noted; cervical spine ranges of motion is decreased about 10%; positive left Spurling's sign; and Babinski's are downward bilaterally. The treatment plan has included the request for physical therapy 8 sessions for the cervical spine; and Norco 10-325 mg #10. The original utilization review, dated 09-02-2015, non-certified a request for physical therapy 8 sessions for the cervical spine; and Norco 10-325 mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions for the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with neck pain. The request is for PHYSICAL THERAPY 8 SESSIONS FOR THE CERVICAL SPINE. The request for authorization is dated 08/26/15. MRI of the cervical spine, 09/13/14, shows HNP C5/6. Physical examination reveals positive cervical tenderness and muscle spasm noted. Cervical spine range of motion decreased about 10%. Positive left Spurling's sign. Patient's medications include Pantoprazole, Naproxen, Cyclobenzaprine, and Tramadol. These medications decrease the patient's pain by approximately 2-3 points on the pain scale. The medications allow improved ADL's including the ability to ambulate, use the bathroom, provide self care, cook, and clean. Per progress report dated 08/24/15, the patient is on modified duty. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. Physical therapy treatment history is not provided for review. In this case, the patient continues with pain in her neck. Given the patient's condition, a short course of physical therapy would appear to be indicated. Provided medical records do not show any treatments of prior Physical Therapy sessions. MUTS allows up to 10 sessions of Physical Therapy for non post-op conditions. Therefore, the request IS medically necessary.

Norco 10/325 mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with neck pain. The request is for NORCO 10/325 MG #10. The request for authorization is dated 08/26/15. MRI of the cervical spine, 09/13/14, shows HNP C5/6. Physical examination reveals positive cervical tenderness and muscle spasm noted. Cervical spine range of motion decreased about 10%. Positive left Spurling's sign. Patient's medications include Pantoprazole, Naproxen, Cyclobenzaprine, and Tramadol. These medications decrease the patient's pain by approximately 2-3 points on the pain scale. The medications allow improved ADL's including the ability to ambulate, use the bathroom, provide self care, cook, and clean. Per progress report dated 08/24/15, the patient is on modified duty. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Treater does not specifically discuss this medication. Patient has been prescribed Norco since at least 02/27/13. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Norco. But no validated instrument is used to show functional improvement. There is no documentation regarding adverse effects and aberrant drug behavior. A UDS dated 08/24/15 is provided for review. In this case, treater has discussed some but not all of the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.