

Case Number:	CM15-0189010		
Date Assigned:	10/01/2015	Date of Injury:	03/29/2013
Decision Date:	12/07/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, Michigan
 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:

This is a 49 year old female who sustained an industrial injury on 3-29-2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc protrusion, mild central stenosis and mild neural foraminal stenosis at C4-C5, facet joint arthropathy at C6-C7, right shoulder derangement and right shoulder impingement. According to the progress reports dated 3-4-2015 to 9-3-2015, the injured worker complained of right neck pain, right shoulder pain and right arm pain. It was noted that Norco provided 50% improvement of pain and activities of daily living. Per the progress report dated 8-6-2015, the injured worker reported severe neck pain with 50% decreased range of motion which was a change in condition. Per the treating physician (9-3-2015), the injured worker was working part time modified duty. The physical exam (6-11-2015 to 9-3-2015) revealed tenderness to palpation of the cervical paraspinal muscles and right shoulder. Right shoulder impingement signs were positive. Cervical range of motion was restricted by pain. Treatment has included right shoulder surgery (2013), physical therapy (8 sessions for the cervical spine which decreased pain by 30% and increased range of motion by 50%), acupuncture and medications. Current medications (9-3-2015) included Maxalt, Elavil, Motrin and Norco. The injured worker has been prescribed Norco since at least 12-5-2014. The treating physician indicates (9-3-2015) that the previous urine drug testing results were consistent. The original Utilization Review (UR) (9-25-2015) denied requests for cognitive behavioral therapy, physical therapy, acupuncture and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 cognitive behavioral therapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per the MTUS psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. A review of the injured workers medical records reveal that the injured worker has chronic pain with delayed recovery complicated by depression anxiety and difficulty sleeping, this injured worker appears to be a candidate for psychological treatment and the request for 6 cognitive behavioral therapy sessions is appropriate and medically necessary.

6 physical therapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Physical therapy.

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records reveal an appeal note from the treating physician documenting a 30% improvement in pain and a 50% improvement in function with 8 sessions of physical therapy, she is currently not doing well with her home exercise program, additional physical therapy appears appropriate especially to evaluate her home exercise regimen and to build on some of the improvement she has already experienced, therefore the request for 6 physical therapy sessions is medically necessary.

6 acupuncture sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS, recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication -induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments. 1-3 times a week for 1-2 months. Per the ODG acupuncture is not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. This passive intervention should be an adjunct to active rehab efforts. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) A review of the injured workers medical records reveal that the injured worker has chronic pain with delayed recovery complicated by depression, anxiety and difficulty sleeping, she is getting physical therapy and participating in a home exercise regimen, the addition of acupuncture as an adjunct to her treatment regimen appears appropriate and therefore the request for 6 acupuncture sessions is medically necessary.

Norco 5/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. In an appeal note submitted by the injured workers treating physician it is noted that she experiences a 50% improvement in pain and function including ability to perform ADL's and self care with the use of Norco, ongoing management actions as required by the guidelines were also discussed, the continued use of Norco in this injured worker is appropriate, therefore the request for Norco 5/325mg #90 is medically necessary.

