MAXIMUS Federal Services

Case Number:	CM15-0192793		
Date Assigned:	10/06/2015	Date of Injury:	01/05/2011
Decision Date:	11/19/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/30/2015

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, Hawaii
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 60 year old male, who sustained an industrial injury on 1-5-2011. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder pain. On 8-27-2015, the injured worker reported neck pain and bilateral shoulder pain, rating his pain with medications as 8 on a scale of 1 to 10, and without medications a 9, unchanged since 7-30-2015, with no new problems or side effects, and poor quality of sleep. The Primary Treating Physician's report dated 8-27-2015, noted the injured worker's activity level was the same, noting the injured worker stated his medications were less effective. The injured worker was noted to report an increase in neck pain and bilateral shoulder pain, wearing a right wrist brace with numbness and tingling pain. The injured worker was noted to report his right wrist pain was worse, only using the left arm, feeling he could no longer work. The injured worker's current medications were noted to include Docusate Sodium, Prilosec, Neurontin, and Norco, prescribed since at least 3-12-2015. The injured worker was noted treatment plan was noted to include be able to continue working 5 days a week for 5 hours a day with the medications. The physical examination was noted to show movements of the neck restricted with limited flexion and extension, with Spurling's maneuver causing radicular symptoms on the right, and tenderness noted in the cervical spine and trapezius with increased muscle tone in the trapezius and palpable tenderness bilaterally. The bilateral shoulders range of motion (ROM) was noted to be limited in flexion and extension with Hawkin's and Neer's tests positive bilaterally and Empty Can test positive on the right with tenderness noted ion the bilateral acromioclavicular joint, biceps groove, and glenohumeral joint, and the right greater tubercle of

the humerus. Prior treatments have included at least 6 sessions of physical therapy and medications including Norco, Neurontin, Prilosec, and Docusate sodium. A urine drug screen (UDS) dated 6-5-2015, was noted to be negative for all drug screens. The 3-16-2015 physical therapy noted the injured worker with pain with active range of motion (ROM) in all fields, with the goals of decreased pain and increased mobility. The treatment plan was noted to include physical therapy and prescriptions for current medications. The injured worker's work status was noted to be working 5 hours a day. The request for authorization was noted to have requested Norco 10-325mg, #90 and twelve physical therapy treatments for the neck and bilateral shoulder (2 x 6). The Utilization Review (UR) dated 9-8-2015, non-certified the requests for Norco 10-325mg, #90 and twelve physical therapy treatments for the neck and bilateral shoulder (2 x 6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: The patient presents with neck and bilateral shoulder pain. The current request is for Norco 10-325mg #90. The treating physician's report dated 08/27/2015 (15B) states, "Patient rates his pain with medications as 8 on a scale of 1 to 10. Patient rates his pain without medications as 9 on a scale of 1 to 10. No new problems or side effects. Quality of sleep is poor. Activity level has remained the same. The patient is taking his medications as prescribed. He states that medications are less effective. No side effects were reported." For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. Medical records show that the patient was prescribed Norco since before 07/2014. The physician noted on the 08/27/2015 (15B) report that the patient's pain level is diminished to the point where he can tolerate working full-time 5 days a week for 5-25 hours per week. Grocery shopping is still limited to 30-45 minutes at a time. Without medications, the patient is only able to perform household tasks including laundry, meal preparation and self-care for approximately 10 minutes at a time. The patient does not exhibit any adverse behaviors to indicate addiction. He has a signed opioid agreement on file. In this case, the physician has addressed the 4As required by the MTUS Guidelines for continued opiate use. The current request is medically necessary.

Twelve physical therapy treatments for the neck and bilateral shoulder (2 x 6): Upheld

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

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

Decision rationale: The patient presents with neck and bilateral shoulder pain. The current request is for 12 Physical Therapy treatments for the neck and bilateral shoulder (2x6). The treating physician's report dated 08/27/2015 (15B) states, "He has completed 3 sessions at this time. Physical Therapy x 6 sessions to evaluate and treat cervical spine and BUE as patient is highly motivated to repeat PT that includes deep tissue massage techniques. PATIENT DID COMPLETED PT IN THE PAST -WITH REPORTED BENEFIT. Please consider our request as the patient is highly motivated to continue with alternative modalities as adjunctive pain therapy. We would like to afford related therapies and significant treatment modalities that may facilitate to reduce his pain level, increase range of motion, enhance his functional capacity and in due course return to function. Patient notes that he has had 12 session of PT previously." The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The patient is not post-surgical. Physical therapy reports were not made available for review. However, the 08/27/2015 report notes that the patient has completed 12 sessions of physical therapy. In this case, the requested 12 additional visits when combined with the previous 12 that the patient received would exceed guidelines. The patient should now be able to transition into a self-directed home exercise program to improve strength and flexibility. The current request is not medically necessary.