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| Case Number: | CM15-0194320 | | |
| Date Assigned: | 10/08/2015 | Date of Injury: | 04/01/2011 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 10/02/2015 |

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 4-1-2011. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome, ulnar nerve lesion, and radial styloid tenosynovitis. On 8-28-2015, the injured worker reported cervical spine pain, pain in neck, pain in both wrists going into the forearms, and numbness of the hands. The injured worker rated her pain over the last week as 8 out of 10 and 9 out of 10 at its worse, with 10% pain relief over the previous week. The Primary Treating Physician's report dated 8-28-2015, noted the injured worker reported physical therapy had helped her pain level and increased her activities of daily living (ADLs). The injured worker rated her activities of daily living (ADLs) as unchanged except for mood and family relationships. The injured worker reported mild nausea, vomiting, and sweating, with moderate constipation and fatigue on pain assessment and documentation tool. The physical examination was noted to show the cervical spine, bilateral shoulders and arms with tenderness to palpation and spasms. Prior treatments have included acupuncture, at least 7 sessions of physical therapy, trigger point injection to the right trapezius 10-2012 and 10-2014, trigger point injection to the cervical spine 11-2013, occupational therapy, bracing, topical creams, and medications including Vicodin, Medrox, Tylenol, and Lidoderm patches. The treatment plan was noted to include Norco, noted to have been prescribed since at least 12-19-2014, physical therapy, trigger point injection, and urine screen and blood test. The injured worker's work status was noted to be currently working. The request for authorization dated 8-28-2015, requested office follow up visit on 11/20/15, quantity: 1, trigger point injections to trapezius muscle, times 2, Norco 10/325mg #120, and physical therapy 2 times a week for 4 weeks. The Utilization Review (UR) dated 9-9-2015, certified the request for office follow up visit on 11/20/15, quantity: 1, non-certified the requests for trigger

point injections to trapezius muscle, times 2 and Norco 10/325mg #120, and modified the request for physical therapy 2 times a week for 4 weeks with certification of six visits and non-certification of the remaining two visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 6, Pain, Suffering and the Restoration of Function, page 114.

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. As this patient has already completed 7 sessions of physical therapy the currently requested physical therapy exceeds the recommendation, the determination is for non-certification.

Norco 10/325mg #120: Upheld

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, Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, or increase in activity from the exam note of 8/28/15. Therefore, the determination is for non-certification.

Trigger point injections to trapezius muscle, times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as Bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended." In this case, the exam notes from 8/28/15 demonstrate no evidence of myofascial pain syndrome and the claimant has evidence of radiculopathy. Therefore, the determination is for non-certification.