

Case Number:	CM15-0194625		
Date Assigned:	10/08/2015	Date of Injury:	05/14/2015
Decision Date:	11/16/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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, California
 Certification(s)/Specialty: Family Practice

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 34 year old male, who sustained an industrial injury on 05-14-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical radiculopathy, shoulder impingement, thoracic contusion, and headaches. Medical records (06-23-2015 to 08-19-2015) indicate ongoing headaches, neck pain, left shoulder pain, left elbow pain, mid back pain, difficulty sleeping and anxiousness. Pain levels were 3-4 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-19-2015, revealed spasms in the paraspinal muscles of the cervical and thoracic spines, tenderness to palpation of the paraspinal muscles, decreased sensation in the C7 dermatomal distribution, positive Spurling's maneuver on the left, tenderness to pressure over the right shoulder, restricted range of motion (ROM) in the left shoulder, positive impingement sign in the left shoulder, and positive impingement sign on the left. Relevant treatments have included 12 sessions of physical therapy (PT) with minimal improvement, work restrictions, and medications (omeprazole since 06-2015). There was no previous mention of a prescription for Norco. The request for authorization (08-19-2015) shows that the following medications and therapy were requested: Norco 10-325mg #60 with 2 refills, omeprazole DR (delayed release) 20mg with 2 refills, and 12 sessions (3x4) of PT for the left elbow, multiple neck injuries and left shoulder. The original utilization review (09-10-2015) non-certified the request for Norco 10- 325mg #60 with 2 refills, omeprazole DR 20mg with 2 refills, and 12 sessions (3x4) of PT for the left elbow, multiple neck injuries and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (Norco) APAP (acetaminophen) 10/325 mg Qty 60 with 2 refills: Upheld

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

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

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-Term use has not been supported by any trials. In this case, the claimant was initiated on Hydrocodone (Norco). The claimant was previously on Tylenol and Naproxen. There was no mention of pain scores. Norco was added to NSAIDS and Tylenol. Future response to medication is unknown. As a result, the request for Norco with 2 refills is not medically necessary.

Omeprazole DR (delayed release) 20 mg, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.

Physical therapy, left elbow, multiple neck injury, left shoulder, 3 times weekly for 4 weeks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Shoulder Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Prior 12 session of therapy did not provide benefit. Consequently, additional 12 therapy sessions are not medically necessary.