

Case Number:	CM15-0020783		
Date Assigned:	02/10/2015	Date of Injury:	08/01/2011
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/04/2015

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 55 year old male, who sustained an industrial injury on 8/1/11. He has reported shoulder injury. The diagnoses have included status post left shoulder arthroscopy with subacromial decompression performed on 1/15/14, cervical/trapezial musculogamentous sprain/strain with left upper extremity radiculitis and right shoulder strain/impingement. Treatment to date has included physical therapy, oral medications and arthroscopy of left shoulder. Currently, the injured worker complains of left shoulder dull, achy pain. The injured worker was examined of 12/19/14 and stated the physical therapy was more aggressive and shoulder pain had not improved. Tenderness was noted on palpation with mild muscle spasm over the periscapular muscles and trapezius muscles and decreased range of motion of cervical spine area. On 1/20/15 Utilization Review submitted modified determinations for Norco 10/325mg #120 modified to #108, noting no documentation of close monitoring, weaning is recommended; Fexmid 7.5 mg#60 modified to #30, noting it is recommended for a short course of therapy, weaning is recommended and physical therapy for left shoulder #8 to #3, to allow for establishment of home exercise program. The MTUS, ACOEM Guidelines, was cited. On 1/30/15, the injured worker submitted an application for IMR for review of Norco 10/325mg #120 modified to #108, Fexmid 7.5 mg#60 modified to #30 and physical therapy for left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP) 10/325mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco (Hydrocodone/APAP) 10/325mg QTY: 120.00 is not medically necessary and appropriate.

Fexmid 7.5mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have no demonstrated acute change or progressive clinical deficits to warrant long-term use of a muscle relaxant beyond few weeks for this chronic injury. Submitted reports have not documented extenuating circumstances outside guidelines criteria to support for this continued treatment with a muscle relaxant, Fexmid without demonstrated functional improvement from treatment already rendered. MTUS Guidelines do not recommend long-term use of this muscle relaxant beyond

first few weeks of acute treatment for this chronic injury. The Fexmid 7.5mg QTY: 60.00 is not medically necessary and appropriate.

Physical Therapy for the left shoulder QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy for the left shoulder QTY: 8.00 is not medically necessary and appropriate.