MAXIMUS Federal Services

Case Number:	CM15-0023971		
Date Assigned:	02/13/2015	Date of Injury:	10/25/2006
Decision Date:	03/31/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/09/2015

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, Pain Management

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 46 year old male, who sustained an industrial injury on October 25, 2006. He reported pain of the neck, right upper extremity, and low back. The diagnoses have included right rotator cuff injury and shoulder pain. The records refer to a prior course of physical therapy in a year and a half, but do not provide specific dates or results. Additional treatment to date has included MRI, psychotherapy and medications. On January 29, 2015, the treating physician noted continued right upper extremity discomfort. The injured worker reported increasing pain of the right shoulder girdle over the past few weeks. Current medications included an analgesic, an anti-convulsant, antidepressant, and a non-steroidal anti-inflammatory. The physical exam revealed tenderness to palpation of the bilateral cervical paraspinal soft tissues, greater on the right than the left. There was discomfort with palpation of the right trapezius, mid portions of the supraspinatus, infraspinatus, and levator scapulae. There was pain with palpation along the course of the levator scapula from the superior medial border scapular border to the right cervical area. There was increased pain with attempts to mobilize the scapula, increased anterior shoulder pain with internal rotation of the hand, pain on palpation along the course the distal supraspinatus, the subacromial space, and distal clavicle. The treatment plan included physical therapy for the right shoulder and to continue his current pain medication. On February 5, 2015, the injured worker submitted an application for IMR for review of requests for a prescription for 12 visits (2 x 4) of physical therapy for the right shoulder and a prescription for Norco 7.5/325mg Qty: 120. The physical therapy was non-certified based on the lack of documentation of the amount of therapy previously administered nor the amount/duration of

anterior functional benefit obtained from it, and the lack of documentation of any type of significant event that has led to a flare-up of symptoms that was initially unresponsive to a home exercise program and medications in order to support the medical necessity for the requested physical therapy. The Norco was non-certified based on the lack of documentation the opioid compliance guidelines which include risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and an updated and signed pain contract between the provider and the claimant, the lack of objective evidence of functional benefit obtained from the opioid medication, and there had been prior warning determination provided for either downward titration with discontinuation or submission of evidence of compliance documentation. The injured worker should have been completely weaned from the Norco as previous "warned", but it is the provider's responsibility to use his/her own judgment and/or protocol based on the individual needs of the claimant, which may or may not include additional weaning through the provider. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and ACOEM (American College of Occupational and Environmental Medicine) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder QTY: 12: Upheld

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

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

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

Norco 75/325mg QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.