

<b>Case Number:</b>	CM15-0048809		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 44-year-old male who sustained a work related injury on December 8, 2010, incurring right shoulder injuries. He underwent six shoulder surgeries including a partial joint replacement. He was diagnosed with chronic myofascial shoulder pain and cervical disc disease. Magnetic Resonance Imaging (MRI) of the neck revealed intervertebral disc disease. Other treatment included physical therapy, anti-inflammatory drugs, pain medications, trigger point injections and neuropathy medications. Currently, the injured worker complained of bilateral shoulder, neck and upper extremity pain. The treatment plan that was requested for authorization included deep tissue massage and a prescription for Zohydro ER for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deep Tissue Massage x 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 59.

**Decision rationale:** Deep Tissue Massage x 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that this treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term followup. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. Deep tissue massage is not medically necessary in this patient with a work injury dating to 2010 and extensive prior treatment. Massage is a passive intervention and long-term benefits are not proven. The request for deep tissue massage is not medically necessary.

**Zohydro ER 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, opioids for chronic pain Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Zohydro (hydrocodone).

**Decision rationale:** Zohydro ER 30mg #60 is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that Zohydro is still not recommended for first-line use for treatment of acute or chronic non-malignant pain because short-acting opioids are recommended prior to use of long-acting opioids. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation does not indicate functional improvement on prior Zohydro and the guidelines do not support this use over short acting opioids. For these reasons Zohydro is not medically necessary.