

<b>Case Number:</b>	CM15-0053007		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Washington

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 61-year-old male who reported injury on 01/31/2003. The mechanism of injury was cumulative trauma. Prior therapies included acupuncture, rotator cuff surgery, medications and physical therapy. The medications in 2012 included NSAIDS, muscle relaxants, Vicodin, and Protonix. The documentation of 02/09/2015 revealed the injured worker had symptomatic pain and discomfort involving multiple body parts including neck, bilateral knees, bilateral shoulders, and low as well as elbow. The objective findings revealed decreased cervical and lumbosacral range of motion. The injured worker had a positive rotator cuff impingement test of the shoulder. The injured worker had a positive Apley's test of the knee. The diagnoses included cumulative trauma injury, bilateral knee disc injury displacement, cervical and lumbar disc displacement, and cervical lumbar sprain and strain. The treatment plan included Norco 2 tablets per day and Flexeril at night for spasms. It was opined the injured worker should participate in an Functional Restoration Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines and Shoulder (Acute & Chronic).

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for up to 10 sessions for myalgia and myositis. The clinical documentation submitted for review failed to provide a rationale for the requested intervention. There was a lack of documentation of objective functional deficits to support the necessity for physical medicine treatment. The request as submitted failed to indicate the body part to be treated. Additionally, the injured worker had previously undergone therapy and there was a lack of documentation of objective functional benefit that was received. Given the above, the request for physical therapy 6 sessions is not medically necessary.

**Norco 10/325 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the request for the requested medication. Given the above, the request for Norco 10/325 mg #60 is not medically necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction and Substance abuse (tolerance, dependence, addiction) Page(s): 94-95, 108-109.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction or poor pain control. The clinical documentation submitted for review failed to provide documentation the injured worker had issues of abuse, addiction or poor pain control. The rationale was not provided. The requested date of service is not provided. Given the above, the request for urine drug screen is not medically necessary.

**Flexeril 10 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medications for an extended duration of time. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 10 mg quantity 30 is not medically necessary.