

Case Number:	CM15-0080741		
Date Assigned:	05/01/2015	Date of Injury:	03/31/2011
Decision Date:	06/01/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/27/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 40 year old male, who sustained an industrial injury on 03/31/2011. He has reported injury to the neck and right shoulder. The diagnoses have included cervicalgia; persistent chronic pain to the right side of the neck and right shoulder. Treatment to date has included medications, diagnostic studies, acupuncture, massage therapy, and physical therapy. Medications have included Norco. A progress note from the treating physician, dated 04/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the right side of the neck, right shoulder, and right upper extremity; pain is rated 6-8/10 on the pain scale, but often increases to 10/10; and medications help his pain to decrease to 3-4/10 on the pain scale, and he is able to function much better. Objective findings included a limited exam due to pain; limited and painful right shoulder range of motion; and grip strength is quite weak on the right hand compared to the left side. The treatment plan has included the request for 6 additional massage therapy sessions; and Norco 4 tablets daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional massage therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Massage therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 6 additional massage therapy sessions are not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy 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. In this case, the injured worker's working diagnoses are persistent chronic pain to the right side of the neck and right shoulder. The medical record contains 18 pages and one progress note. The progress note is dated April 1, 2015 and is a new patient evaluation. The documentation states the injured worker has received massage therapy and physical therapy. Massage therapy has helped the most. The utilization review states the injured worker received 3 massage therapy sessions. Subjectively, the injured worker complains of right neck, right shoulder and right upper extremity pain for the VAS pain scale 6-8/10 as high as 10/10. Massage therapy should be limited to 4-6 visits in most cases. The injured worker received 3 massage therapy sessions. The treating provider requested six additional massage therapy sessions. This is in excess of the recommended guidelines (in most cases). Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines for massage therapy, six additional massage therapy sessions are not medically necessary.

Norco 4 tablets daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 4 tablets daily is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured

worker's working diagnoses are persistent chronic pain to the right side of the neck and right shoulder. The medical record contains 18 pages and one progress note. The progress note is dated April 1, 2015 and is a new patient evaluation. Subjectively, the injured worker complains of right neck, right shoulder and right upper extremity pain for the VAS pain scale 6-8/10 as high as 10/10. The documentation indicates the injured worker has been on Norco 10/325 mg for six years. The injured worker takes Norco 10/325 mg up to six per day, but has been taking #4 per day recently. There is a single new patient evaluation in an 18 page medical record. There is no documentation of prior Norco use and no evidence of objective functional improvements. The injured worker has persistently elevated VAS pain scales 6-8/10 to 10/10. Subjectively, there is no improvement with ongoing Norco. There are no risk assessments in the medical record. There are no detailed assessments in the medical record (with ongoing opiates). There is no documentation of objective functional improvement. Additionally, there is no Norco quantity requested in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Norco, no risk assessments, detail pain assessments or quantity in the record, Norco 4 tablets daily is not medically necessary.