MAXIMUS Federal Services

Case Number:	CM15-0084225		
Date Assigned:	05/06/2015	Date of Injury:	01/13/2010
Decision Date:	06/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/01/2015

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 50 year old male, who sustained an industrial injury on 01/13/2010. He has reported subsequent neck pain with numbness radiating to the hands and was diagnosed with spinal stenosis in the cervical region, degeneration of cervical intervertebral disc and brachial radiculitis. Treatment to date has included physical therapy and medication but there was no specification as to which medications had been prescribed. In a progress note dated 04/03/2015, the injured worker complained of continued neck pain and soreness as well as bilateral hand numbness. The physician noted that in the past the injured worker had received excellent relief with physical therapy. Objective findings were notable for tenderness to palpation of the base of the cervical spine, guarded range of motion of the neck with moderate pain with extremes of motion. A request for authorization of 8 sessions of physical therapy, Diclofenac and Vicoprofen was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This patient presents with chronic neck pain that radiates into the hands. The Request for Authorization is dated 04/03/15. The current request is for PHYSICAL THERAPY X8. Treatment to date has included physical therapy, medications and surgery. The patient is currently not working. This patient is outside of the post-surgical time frame. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." According to progress report 01/09/15, the patient is status post cervical fusion on 05/06/13 and continues to complain of neck pain with associated bilateral hand numbness. Examination revealed tenderness to palpation about the base of the cervical spine as well as bilaterally about the cervical paraspinal musculature. There is some tightness and taut muscle band in this region. Treatment plan was for PT x8, Diclofenac, Ultracet and Vicoprofen. Report 04/03/15 noted "in the past, he had received tremendous relief when undergoing sessions of physical therapy. He also obtains relief when using the medication given to him." The patient was given prescription for additional 8 PT sessions, and refill of medications. There are no physical therapy reports provided for review. In this case, the patient reported that prior physical therapy had helped but there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. The patient recently participated in 8 sessions and the additional 8 sessions exceeds the number of treatments allowed by MTUS. In addition, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.

Diclofenac (unspecified dose and qty): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Diclofenac.

Decision rationale: This patient presents with chronic neck pain that radiates into the hands. The Request for Authorization is dated 04/03/15 and states that the request is for Diclofenac #120. The current request is for DICOLFENAC (UNSPECIFED DOSE AND QTY). Treatment to date has included physical therapy, medications and surgery. The patient is currently not working. The MTUS guidelines pages 67 and 68 recommends NSAID as an option for short-term symptomatic relief. However, for diclofenac, ODG guidelines provides a specific discussion stating, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx),

which was taken off the market according to the authors. This is a significant issue and doctors should avoid diclofenac because that increases the risk by 40%." It goes on to state that there is substantial increase in stroke. According to progress report 01/09/15, the patient is status post cervical fusion on 05/06/13 and continues to complain of neck pain with associated bilateral hand numbness. Examination revealed tenderness to palpation about the base of the cervical spine as well as bilaterally about the cervical paraspinal musculature. There is some tightness and taut muscle band in this region. Treatment plan was for PT x8, Diclofenac, Ultracet and Vicoprofen. Report 04/03/15 noted "in the past, he had received tremendous relief when undergoing sessions of physical therapy. He also obtains relief when using the medication given to him." The patient was given prescription for PT 2 session a week for 4 weeks, and refill of medications. This patient has been prescribed Diclofenac since at least 01/09/15. ODG does not support this medication unless other NSAIDs have failed, and the patient has very low-risk profile. In this case, the treater does not discuss why this particular NSAID with a high risk profile was chosen nor does the treater document failure of other NSAIDs. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. Hence, the request IS NOT medically necessary.

Vicoprofen (unspecified dose and qty): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: This patient presents with chronic neck pain that radiates into the hands. The Request for Authorization is dated 04/03/15 and states that the request is for Vicoprofen #120. The current request is for VICOPROFEN (UNSPECIFED DOSE AND QTY). Treatment to date has included physical therapy, medications and surgery. The patient is currently not working. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 As, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. According to progress report 01/09/15, the patient is status post cervical fusion on 05/06/13 and continues to complain of neck pain with associated bilateral hand numbness. Examination revealed tenderness to palpation about the base of the cervical spine as well as bilaterally about the cervical paraspinal musculature. There is some tightness and taut muscle band in this region. Treatment plan was for PT x8, Diclofenac, Ultracet and Vicoprofen. Report 04/03/15 noted "in the past, he had received tremendous relief when undergoing sessions of physical therapy. He also obtains relief when using the medication given to him." The patient was given prescription for PT 2 session a week for 4 weeks, and refill of medications. The patient has been prescribed Vicoprofen since at least 01/09/15. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific

functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This requested Vicoprofen IS NOT medically necessary and recommendation is for slow weaning per MTUS.