

Case Number:	CM15-0086574		
Date Assigned:	05/08/2015	Date of Injury:	06/06/2003
Decision Date:	06/09/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts

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 50 year old female with an industrial injury dated 06/06/2003. She was hit with a baseball on her left jaw resulting in fracture of her left jawbone, shattering of her two teeth and twisting her neck resulting in neck pain, jaw pain and headaches. Her diagnoses included clinically consistent cervical radiculopathy, post traumatic headaches, TMJ arthritis/pain, possible right ulnar neuritis, and neck pain and migraine headaches. Prior treatments included physical therapy, TENS unit, medication, chiropractic treatment, acupuncture and physical therapy. She presents on 03/26/2015 with complaints of persistent neck pain. Her pain is rated as 7/10 mostly on the right side of her neck radiating to the bilateral temporal region. She has headaches 4-5 times a week which last a few hours. She states Tylenol # 3 is not helping her headaches. She was taking amitriptyline for difficulty sleeping which was helping. Physical exam noted spasms in the cervical paraspinal muscles and stiffness in the cervical spine. Range of motion was limited. Treatment plan included medications to include Norco, Amitriptyline and Ibuprofen. Authorization for physical therapy with myofascial treatment for 8-12 sessions with home exercise teaching was requested. She was started on hydrocodone 5/325 since Tylenol # 3 as not helping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring more than 10 years ago and continues to be treated for non-radiating neck pain. When seen, medications included Tylenol #3, which was not helping. She was having difficulty sleeping. She was noted to be working four days per week. Prior treatments had included physical therapy in 2012 with recommendations including a continued home exercise program at that time. Physical examination findings included decreased cervical spine range of motion with muscle spasms and stiffness. Tylenol #3 was discontinued and Norco was prescribed at a total MED (morphine equivalent dose) of 10 mg per day. She was referred for up to 12 physical therapy treatments to include a home exercise program. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and Tylenol #3 was not helping. The claimant was working but not full time. The total MED (morphine equivalent dose) was less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Norco was medically necessary.

Physical therapy for HEP/ Frequency/Duration not noted Qty: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring more than 10 years ago and continues to be treated for non-radiating neck pain. When seen, medications included Tylenol #3, which was not helping. She was having difficulty sleeping. She was noted to be working four days per week. Prior treatments had included physical therapy in 2012 with recommendations including a continued home exercise program at that time. Physical examination findings included decreased cervical spine range of motion with muscle spasms and stiffness. Tylenol #3 was discontinued and Norco was prescribed at a total MED (morphine equivalent dose) of 10 mg per day. She was referred for up to 12 physical therapy treatments to include a home exercise program. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had physical therapy already having included a home exercise program with which compliance would be expected and would not require additional skilled therapy. The request was not medically necessary.

