

<b>Case Number:</b>	CM14-0137319		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 69-year-old female was reportedly injured on January 18, 2008. The most recent progress note, dated August 4, 2014, indicates that there are ongoing complaints of left knee pain with symptoms of popping and clicking as well as left shoulder and left wrist pain. The physical examination of the left knee noted crepitus with range of motion, a valgus deformity, and tenderness over the medial and lateral joint lines. The physical examination of the left wrist noted a positive Tinel's test and examination of the left shoulder noted crepitus with motion, a positive cross arm test, and tenderness at the acromioclavicular joint, subacromial region, and at the supraspinatus. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for eight sessions of physical therapy, Norco 5/325, and Norflex and was not certified in the pre-authorization process on August 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of physical therapy (2x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index 11th edition (web) Shoulder, physical therapy & Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

**Decision rationale:** According to the progress noted August 4, 2014, there are no strength or range motion deficits noted on physical examination to warrant physical therapy. Additionally, it is not stated what body part this request is for. As such, this request for physical therapy twice week for four weeks is not medically necessary.

**Norco (hydrocodone/APAP 5/325mg) #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

**Norflex (orphenadrine 100mg) #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Norflex is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, this request for Norflex is not medically necessary.