

Case Number:	CM14-0157721		
Date Assigned:	10/01/2014	Date of Injury:	11/08/2011
Decision Date:	10/28/2014	UR Denial Date:	08/24/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a male with date of injury 11/8/2011. Per primary treating physician's progress report dated 9/11/2014, the injured worker complains of increased left shoulder pain. He reports continued left shoulder pain with pain at 9/10. He also states that the pain is sharp in nature, radiates down the arm and left side of neck every day. Debility is increasing, especially with ADLs which he no longer accomplishes. He also continues to report pain from his neck to his sacrum. The pain is typically accompanied by spasms, rated at 9/10 with persistent radiating pain and numbness to the left arm and fingers and occasional pain to the right arm. Pain is persistent, worse with any movement. Pain medications improve function and activity tolerance. Without medication he would be incapacitated. He is status post one physical therapy visit, and has authorization for 5 more. Medications have been modified from 150 to 45 Percocet and from 90 to 30 Valium with no explanation or rationale noted for this decrease. He reports intermittent headache with certain movements of the cervical spine. The headache is mainly to the left occipital and radiates to the left temporal region. Headache is accompanied by photophobia. He continues to report anhedonia, no motivation, having difficulty getting out of bed, more anti-social with withdrawal from social events. He states that he went to court, approved arthrogram (which was essentially negative) all medications and second opinion (to be scheduled). On examination cervical spine has limited range of motion secondary to pain. There is pain with extension and axial load. There is tenderness to palpation of the cervical paraspinal muscles along with myofascial spasms. Thoracic and lumbar paraspinal muscles have spasms and tenderness. There is pain with flexion and extension of the lumbar sacral spine. Left shoulder has tenderness to palpation to the anterior aspect of the left shoulder. There is pain with extension of the left arm at 150 degrees. Lumbar sacral spine has forward flexion with fingers to knees, lateral bend to 30 degrees without lumbar spine movement, extension to neutral. He is not able to heel

toe walk, has 2/2 left sided weakness. He complains of radicular pain down left leg intermittently, but worsening. Diagnoses include 1) left shoulder pain 2) cervical pain 3) low back pain 4) occipital neuralgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4, left shoulder and neck: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. Per progress note the injured worker has completed 1 or 6 physical therapy sessions, and there is no report of benefit from physical therapy such as functional improvement, or success at implementing a home exercise program. Twelve sessions of physical therapy exceeds the amount of physical therapy recommended by the MTUS Guidelines without first completing some physical therapy and then assessing benefit from the therapy. Medical necessity of this request has not been established. The request for Physical Therapy 3 x 4, left shoulder and neck is determined to not be medically necessary.

Percocet 5/325 mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section, Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical reports do not provide information regarding benefit from opioid pain medication use, such as improvement in function, reduction in pain intensity, and improvement in quality of

life. The injured worker has been injured for over two years and is just beginning physical therapy. The medical necessity for continued opioid pain medication has not been established. The request for Percocet 5/325 mg #50 is determined to not be medically necessary.

Valium 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines section and Weaning of Medications section, Page(s): 24, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Valium 10mg #90 s determined to not be medically necessary.