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| <b>Case Number:</b>   | CM14-0164127 |                              |            |
| <b>Date Assigned:</b> | 10/08/2014   | <b>Date of Injury:</b>       | 06/11/1998 |
| <b>Decision Date:</b> | 11/04/2014   | <b>UR Denial Date:</b>       | 09/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/06/2014 |

### 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:

According to the records made available for review, this is a female with a 5/11/98 date of injury. At the time (9/25/14) of the Decision for Zipsor 25 mg #60 and physical therapy for the upper body #12, there is documentation of subjective (tightness in the neck which affects daily living activities) and objective (positive tenderness to palpation over the cervical spinous process and muscles of the cervical region, limited lumbar and neck range of motion, muscles strength in the upper extremity 4/5) findings, current diagnoses (intervertebral disc disorder, displacement of thoracic intervertebral disc without myelopathy, and displacement of lumbar intervertebral disc without myelopathy), and treatment to date (acupuncture, physical therapy, and medications (including ongoing use of Zipsor)). The number of physical therapy visits completed to date cannot be determined. Regarding the requested Zipsor 25 mg #60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zipsor use to date. Regarding the requested physical therapy for the upper body #12, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zipsor 25 mg #60:** Upheld

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

**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 Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of intervertebral disc disorder, displacement of thoracic intervertebral disc without myelopathy, and displacement of lumbar intervertebral disc without myelopathy. In addition, there is documentation of chronic low back pain. However, given medical records reflecting ongoing use of Zipsor, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zipsor use to date. Therefore, based on guidelines and a review of the evidence, the request for Zipsor 25 mg #60 is not medically necessary.

**Physical therapy for the upper body #12:** 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 Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of intervertebral disc disorders without myelopathy not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement

of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of intervertebral disc disorder, displacement of thoracic intervertebral disc without myelopathy, and displacement of lumbar intervertebral disc without myelopathy. In addition there is documentation of previous physical therapy. However, there is no documentation of the number of physical therapy visits completed to date and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy for the upper body #12 is not medically necessary.