

Case Number:	CM14-0027648		
Date Assigned:	06/13/2014	Date of Injury:	01/26/2013
Decision Date:	08/15/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/04/2014

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 & Rehabilitation 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:

The injured worker is a 32-year-old female who reported an injury on 01/26/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 07/23/2014 indicated diagnoses of impingement syndrome of the shoulder on the right, MRI shows a SLAP lesion for which he had no injections or surgery; epicondylitis on the right, carpal tunnel syndrome bilaterally, wrist joint inflammation bilaterally, element of sleep disorder, and MC joint inflammation. The injured worker reported pain along the neck, upper shoulder, elbows, and wrists. She reported the pain had gotten much better. She was working full time, although with less repetitive-type motion. The injured worker reported whenever she did do exercises, the pain had increased. The injured worker was status post carpal tunnel release 07/2013. The injured worker reported pain in the elbows with numbness and tingling, as well as weakness in the upper extremities. She had pain along both shoulders and along the trapezius muscles bilaterally with stiffness and tightness. She had tried Flexeril, which was not effective. The injured worker had persistent pain in the elbow carpometacarpal joint and first extensor, as STT joint bilaterally, more on the left. She had tenderness on the lateral greater medial epicondyle with pain along the extensor or forearm bilaterally, as well as trapezius and shoulder girdle. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication regimen. The injured worker's medication regimen included Norco, Motrin, gabapentin, and Flexeril. The injured worker had tried physical therapy before, and physical therapy gave her temporary relief and helped her be able to do her job and not miss time from work. The injured worker's prior treatments include diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Norco, Motrin, gabapentin, and Flexeril. The provider submitted a request for physical therapy and

Norco. The Request for Authorization dated 07/24/2014 was submitted for Norco and physical therapy. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 NORCO 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific drug list; Opioids, criteria for use Page(s): 91; 78.

Decision rationale: The California MTUS guidelines state that Norco/hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, the request does not indicate a frequency or quantity. The request for 90 Norco 10/325mg is not medically necessary.

12 PHYSICAL THERAPY VISITS: Upheld

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

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

Decision rationale: The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the number of physical therapy sessions that have already been completed to warrant additional sessions, as well as the efficacy of the prior therapy. In addition, there is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Additionally, the completed physical therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue with exercises such as strengthening, stretching, and range of

motion. Moreover, the request did not indicate a body part for the physical therapy. Additionally, the request did not indicate a timeframe for the physical therapy sessions. Therefore, the request for physical therapy is not medically necessary.