

Case Number:	CM15-0013350		
Date Assigned:	02/02/2015	Date of Injury:	06/08/2009
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 42 year old female, who sustained an industrial injury on June 8, 2009. She has reported neck pain, bilateral upper extremity pain, bilateral hand and wrist pain and low back radiating to the lower extremities with associated numbness, tingling of the upper and lower extremities and was diagnosed with chronic pain, cervical radiculopathy, lumbar radiculopathy, right hip pain, right sided trochanteric bursitis, obesity, right carpal tunnel syndrome and herniated nucleus pulposus of the lumbar spine. Treatment to date has included radiographic imaging, diagnostic studies, pain medications, conservative therapy options and treatment modalities. Currently, the Injured Worker complains of migraine headaches, neck pain, bilateral upper extremity pain, bilateral hand and wrist pain and low back radiating to the lower extremities with associated numbness, tingling of the upper and lower extremities. The injured worker reported an industrial injury in 2009, resulting in chronic pain as previously described. She reported getting a heel hung leaving a voting booth and falling to the floor. She had immediate right upper and lower extremity pain and gradually developed left sided pain and a headache by the following day. She has been treated with pain medications and conservative therapies. In June, 2011, electrodiagnostic studies revealed right carpal tunnel syndrome. On August 8, 2014, the pain as noted above continued. A request was made for the approval of carpal tunnel surgery, right shoulder nerve block and post-operative physical therapy. On August 13, 2014, she underwent right open carpal tunnel release. Evaluation on September 12, 2014, revealed continued pain. On January 7, 2015, Utilization Review non-certified requests for physical therapy 2 times weekly for 4 weeks, Norco 5/325mg #60 and Capsaicin 0.025% cream,

noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 21, 2015, the injured worker submitted an application for IMR for review of requested physical therapy 2 times weekly for 4 weeks, Norco 5/325mg #60 and Capsaicin 0.025% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Shoulder and Neck and Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Per the 12/30/14 report the patient presents with worsened pain in the neck, lower back and upper and lower extremities along with ongoing occipital headaches rated 9-10/10. The current request is for PHYSICAL THERAPY 2 X 4. The RFA is not included. The 01/07/15 utilization review states the RFA is dated 12/30/14. The patient is not working. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The reports provided for review do not clearly discuss this request. The patient is s/p right carpal tunnel release 08/13/14; however, the patient has multiple injuries. Treatment reports provided show the patient received at least 7 visits for the right hand and wrist from 11/10/15 to 01/07/15. The 11/21/14 report states the patient has completed 3 of 12 visits for the right wrist. The 10/09/14 report shows a request for 1-2 x 4 visits for treatment of the cervical and lumbar spine with a plan of transferring to a home exercise program. The reports provided do not state if these sessions were received. The 12/02/14 report requests physical therapy and states the patient has considerable persistent pain with negative impact on function; however, the requested number of sessions and the treatment of which body parts are not stated in this report. The utilization review decision appears to be based on treatment for the cervical spine and shoulder pain. In this case, it appears that the patient is already receiving postoperative therapy for the right hand/wrist and the patient's cervical and upper extremity pain is worsening. There is no evidence of prior physical therapy treatment of this area and the requested 8 sessions are within what is allowed by guidelines. The request IS medically necessary.

Norco 5/325mg one Q124hrs #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 12/30/14 report the patient presents with worsened pain in the neck, lower back and upper and lower extremities along with ongoing occipital headaches rated 9-10/10. The current request is for NORCO 5/325/mg ONE Q1 24 HRS #60?Hydrocodone, an opioid. The RFA is not included. The 01/07/15 utilization review states the RFA is dated 12/30/14. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review state the patient is a long-term user of opioids and show the patient has been prescribed Norco since at least 07/15/14. Reports from 09/12/14 to 12/02/14 state that pain is 8-9/10 with medications and 10/10 without. Reports state the medication has the intended effect at the prescribed dose. The 12/02/14 report does list ADL's that are impacted by the patient's pain; however, no specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not fully documented. The treater does mention the use of CURES, that the patient has a signed pain contract, that UDS's are routinely ordered and that there are no signs of abuse or aberrant behavior. However, no UDS's are included for review and no results are documented. In this case, there is not adequateu documentation of ADL's and opiate management to support long-term opioid use as required by guidelines. The request IS NOT medically necessary.

Capsaicin 0.025% cream, apply TID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic; Capsaicin Page(s): 111-113, 29.

Decision rationale: Per the 12/30/14 report the patient presents with worsened pain in the neck, lower back and upper and lower extremities along with ongoing occipital headaches rated 9-10/10. The current request is for CAPSAICIN 0.025% CREAM, APLY TID #60. The RFA is not included. The 01/07/15 utilization review states the RFA is dated 12/30/14. The patient is not working.MTUS Guidelines page 111 has the following regarding topical creams, Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. MTUS page 29 guidelines state that Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications are osteoarthritis, fibromyalgia, chronic non-specific back pain and it is also helpful for chronic neuropathic and musculoskeletal pain. MTUS states that 0.025% if effective with higher dose formulation providing no further efficacy. Patch formulation is not discussed. The reports provided for review state this medication is intended for chronic pain as the patient has not responded to other treatments. The patient has been prescribed this medication since at least 11/06/14. This medication is indicated for the chronic neuropathic pain that is documented for this patient; however, the reports make some general statements about the effect of medications, but do not state whether or not this medication helps the patient. The MTUS guidelines on page

60 require that the physician record pain and function when medications are used for chronic pain. The request IS NOT medically necessary.