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| Case Number: | CM15-0013364 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 02/18/2013 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/14/2015 |
| 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 is a 61 year old male, who sustained an industrial injury on 02/18/2013. On provider visit dated 01/07/2015, the injured worker has reported back pain that radiates down his right leg , he also complained of right shoulder pain. The diagnoses have included lumbago, cervicgia, right rotator cuff tear and right shoulder AC joint arthrosis with impingement. Treatment to date has included right shoulder arthroscopy with subacromial decompression, debridement, physical therapy, lumbar spine epidural, H-wave, and medications. Treatment plan 6 sessions of physical therapy and refill medication. On 01/14/2015 Utilization Review non-certified Norco 10/325mg #90, 6 session of physical therapy for both shoulder rotator cuffs. The CA MTUS Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: This patient presents with lumbar spine pain and right shoulder pain. The patient is status post right shoulder arthroscopy with subacromial decompression and debridement on 12/09/2013. The current request is for Norco 10/325 mg #90. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "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. Progress report dated 11/24/2014 and 01/07/2014 indicate Norco as a current medication. It is unclear when Norco was first prescribed. Progress report dated 11/24/2014 states, "I have provided a prescription for Norco and meloxicam and we are requesting chronic pain management for the use of Norco." Progress report dated 01/07/2014 noted, "We are also refilling medications for Feldene and Norco." There is no further discussion regarding medications. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific or functional improvement, change in ADLs or change in work status to document significant functional improvement with utilizing Norco. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. The requested Norco 10/325 mg #90 is not medically necessary and recommendation is for slow weaning per MTUS.

6 sessions of physical therapy for both shoulder rotator cuffs 2x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy

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

Decision rationale: This patient presents with right shoulder, neck, and low back pain. The current request is for 6 sessions of physical therapy for both shoulder rotator cuffs 2x3. The patient is status post right shoulder surgery on 12/09/2013. The patient is outside of the postsurgical timeframe. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review does not include any physical therapy progress notes. Review of the medical file indicates the patient underwent 12 postoperative physical therapy sessions for the right shoulder. According to the utilization review, the patient underwent additional 12 physical therapy sessions for the treatment of the shoulder, cervical spine, and lumbar spine, which were certified on 02/24/2014. An additional 12 sessions were certified on 04/25/2014 for the low back, right shoulder, and neck. Treating physician has stated that this is a request for 6

additional PT sessions for "core strengthening," and not to address the right shoulder. This patient has had ample physical therapy in the recent past. The treating physician does not discuss why the patient would not be able to participate in a self-directed home exercise program to address core strengthening. Furthermore, the request for additional 6 sessions with the recently 24 that has been certified exceeds what is recommended by MTUS. The requested additional PT sessions are not medically necessary.