

Case Number:	CM15-0016158		
Date Assigned:	02/04/2015	Date of Injury:	08/21/2014
Decision Date:	03/27/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/28/2015

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 40 year old female, who sustained a work related injury on 8/21/14. The diagnoses have included lumbar sprain, neck sprain, and hemarthrosis in shoulder. Treatments to date have included previous physical therapy sessions and oral medications including Tylenol #3. In the PR-2 dated 1/5/15, the injured worker complains of neck pain. She has pain that radiates down left arm to hand with occasional numbness and tingling in forearm and hand. She rates the pain a 4-5/10. She complains of tenderness upon palpation of neck. She has painful range of motion in neck. On 1/14/15, Utilization Review non-certified a request for 12 sessions (3 x 4) of physical therapy. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 1/14/15, Utilization Review modified a request for Tylenol #3, #50 for 3 months to Tylenol #3, #30. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, fifty count for three months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

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 tenderness and pain in the neck and lower back. The current request is for Tylenol No. 3, 50 tabs for 3 months. For chronic opioids, the MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit, and function should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 As including analgesia, ADLs, adverse side effects, and adverse behavior. MTUS further requires 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. Review of the medical file indicates the patient has been utilizing Tylenol No. 3 since at least 11/24/2014. According to progress report dated 01/05/2015, the patient rates her current pain as 4/10. It was noted that "the patient is not responding to conservative care of physical therapy and medication; therefore, I will recommend at this time MRI scan." The patient was recommended to return back in 4 weeks and a refill of medication was dispensed. In this case, recommendation for further use cannot be supported as the treating physician states that the patient is not responding to conservative care including physical therapy and medication. It appears the medications are not working. It is unclear why the treating physician is requesting a refill. There is no discussions regarding functional improvement, changes in ADL, or decrease in pain. In addition, there are no discussions regarding aberrant behaviors and urine drug screens are not provided. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. The requested Tylenol No. 3 is not medically necessary.

Twelve sessions of physical therapy for the cervical spine and lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 98 - 99.

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

Decision rationale: This patient presents with low back and neck pain. The current request is for 12 sessions of physical therapy for the cervical spine and lower back. MTUS page 98 and 99 for physical therapy recommends 9 to 10 sessions for myalgia and myositis-type symptoms. Review of the medical file indicates the patient participated in 2 physical therapy sessions on 09/06/2014 and 09/19/2014. The patient also underwent a short-course of 5 additional physical therapy sessions between 12/01/2014 and 12/15/2014. On 01/05/2015, the treating physician noted that "the patient has had physical therapy to the neck and lower back, still remains symptomatic." It was noted that "the patient is not responding to conservative care of physical therapy and medication." It is unclear at this time why the treating physician is requesting additional physical therapy sessions at this time. It appears the patient has not received any benefits from prior sessions. Furthermore, the patient has recently undergone 7 physical therapy sessions and the requested additional 12 sessions exceeds what is recommended by MTUS. The requested additional physical therapy is not medically necessary.

