

Case Number:	CM15-0017923		
Date Assigned:	02/05/2015	Date of Injury:	10/22/2007
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/30/2015

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 56 year old female who sustained an industrial injury reported on 10/27/2007. She has reported no complaints of pain on the 1/5/2015 visit. The diagnoses were noted to have included lumbago; cervical disc degeneration; headache; cervicgia; sprain of neck; fasciitis; and shoulder joint pain. Treatments to date have included multiple consultations; diagnostic imaging studies; 30 physical therapy sessions; home exercise program; electrical stimulation and ultrasound/phonophoresis/ cryotherapy/hot pack therapies; and medication management. The work status classification for this injured worker (IW) was noted to be doing work. On 1/13/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/6/2015, for Vicodin 40mg #150; and physical therapy 2 x a week x 4 weeks for dorsal strain. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opioids, manual therapy/physical therapy; and American College of Occupational and Environmental Medicine, physical therapy; were cited. The PR-2, dated 1/5/2015, is hand written and notes subjective complaints of: details of settlement agreed upon; open (illegible word) of thoracic + cervical spine & left wrist; and she feels (illegible word) therapy up to limits suggested by (illegible word) per what is basically passive - (illegible words) active intervention. Diagnoses are 1. LCD, and 2. (Illegible). The treatment plan included Vicodin q 4 hours as needed #150 - see RFA's; and visit (illegible words). An agreed medical examination supplemental report, dated 9/2/2014, notes for a different date of injury of 10/22/2007 and an added diagnosis of left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 40mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids, when to discontinue opioids.

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

Decision rationale: The 56 year old patient presents with left hand and wrist pain rated at 3-4/10, as per AME report dated 04/30/14. The request is for VICODIN 40 mg # 150. There is no RFA for this case, and the patient's dated of injury is 10/22/07. The patient is status post bilateral knee arthroscopies, as per AME report dated 04/30/14. Medications, as per the same report, include Hydrocodone, Lunesta, Ranitidine, Bupropione, Spironolactone, Synthroid, Furosemide, Levocetizine, Allegra and Fish oil. EMG/NCV of the bilateral upper extremities, dated 02/15/13, revealed left carpal tunnel syndrome. Physical therapy report dated 10/24/14 revealed mid back pain. The patient also suffers from musculoskeletal shoulder pain and is working, as per progress report dated 11/18/14. 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. In this case, the progress reports are handwritten and not very legible. A prescription for Vicodin was first noted in progress report dated 09/30/14, and the patient has been taking the medication consistently at least since then. AME report dated 04/30/14 lists Hydrocodone in its list of current medications, thereby indicating that the patient has been using opioids for several months. The treater, however, does not document its impact on the patient's pain using a validated scale. The patient is working, as per progress report dated 11/18/14, which indicates high function. Nonetheless, the treater does not demonstrate a measurable increase in function due to opioid use. Additionally, no UDS and CURES reports are available for review. The treater does not discuss the side effects of opioids in this patient. The MTUS guidelines require specific discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request IS NOT medically necessary.

Physical Therapy 2 x 4 for dorsal strain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation California MTUS guidelines, web-based edition, http://www.dir.ca.gov/t8ch4_5sb1a5_2.html

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

Decision rationale: The 56 year old patient presents with left hand and wrist pain rated at 3-4/10, as per AME report dated 04/30/14. The request is for PHYSICAL THERAPY 2 X 4 FOR DORSAL STRAIN. There is no RFA for this case, and the patient's dated of injury is 10/22/07. The patient is status post bilateral knee arthroscopies, as per AME report dated 04/30/14. Medications, as per the same report, include Hydrocodone, Lunesta, Ranitidine, Bupropione, Spironolactone, Synthroid, Furosemide, Levocetizine, Allegra and fish oil. EMG/NCV of the bilateral upper extremities, dated 02/15/13, revealed left carpal tunnel syndrome. Physical therapy report dated 10/24/14 revealed mid back pain. The patient also suffers from musculoskeletal shoulder pain and is working, as per progress report dated 11/18/14. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the progress reports are handwritten and not very legible. None of the reports document prior physical therapy. AME report dated 02/12/13 states that the patient was diagnosed with thoracic strain in 2007 and received physical therapy for it. The report, however, does not document the duration of the treatment and the number of sessions. Physical therapy reports from 09/19/14 to 10/24/14 were provided for review. These reports document 5 sessions of therapy but the affected body part is not specifically documented. Nonetheless, it is evident that the patient has received some therapy in the past. The treater does not document an improvement in function or reduction in pain due to prior sessions. The available progress reports do not provide the relevant information required to make a determination. Hence, the treater's request for 8 physical therapy sessions IS Not medically necessary.