

<b>Case Number:</b>	CM15-0110799		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	01/19/2000
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 63 year old female, who sustained an industrial injury on 1/19/00. She has reported initial complaints of neck injury with pain. The diagnoses have included cervicgia, chronic neck pain status post cervical decompression on 6/7/04, chronic right sided scapular pain, myofascial in nature with history of right rotator cuff repair 1/24/05, left shoulder pain and depression. Treatment to date has included medications, activity modifications, diagnostics, surgery, H-wave unit, and other modalities. Per the physician progress note dated 5/4/15, the injured worker complains of chronic neck pain and bilateral shoulder pain and stiffness. She reports increased pain and neck stiffness and rated 7/10 on pain scale. It is noted that she is unable to tolerate oral Nonsteroidal anti-inflammatory drugs as they cause severe stomach upset. She admits to increased depression but denies suicidal ideation. The objective findings reveal mild to moderate discomfort, slow gait, healed mid-line posterior neck scar, cervical spine range of motion is limited, moderate tenderness over the cervical spine and bilateral upper trapezius muscles, with spasm noted. The current medications included Lamictal, Ambien, Provigil and Prozac. There is no previous urine drug screen report noted in the records and there is no previous therapy sessions noted. The physician requested treatments included Vicodin 5/300 mg quantity of 60 for severe pain, Flector patch 1.3% quantity of 60 with 2 refills for anti-inflammatory effects, and Physical Therapy 30 sessions for neck pain, bilateral shoulder pain, strengthening, mobility and transition to a home exercise program (HEP).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

**Decision rationale:** CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary.

**Flector patch 1.3% Qty 60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Flector patch (diclofenac epolamine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID-topical Page(s): 111-112.

**Decision rationale:** According to MTUS guidelines topical NSAID are "Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Considering lack of efficacy with chronic pain, continued long term use of flector patch for the patient's chronic pain is not supported. Therefore, the requested treatment is not medically necessary.

**Physical Therapy, 30 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-101.

**Decision rationale:** According to MTUS guidelines physical therapy is recommended as it is helpful in "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries." The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. Consequently based on the guidelines and my review of the provided

records I believe the requested amount of sessions of physical therapy, 30 sessions, are beyond the recommended number sessions as medically appropriate at this time.