

Case Number:	CM15-0126028		
Date Assigned:	07/10/2015	Date of Injury:	05/16/2013
Decision Date:	09/10/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 58-year-old female, who sustained an industrial injury on May 5, 2013. The injury occurred while the injured worker was transferring an obese patient and the hoist broke. The injured worker experienced back pain with right leg stiffness, neck pain and bilateral shoulder pain. The diagnoses have included chronic lumbar strain, cervical spine sprain-strain, left shoulder rotator cuff tear with repair, right shoulder full-thickness supraspinatus tendon tear with thinning and retraction and cervical spine sprain-strain. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies, physical therapy, chiropractic treatments, home exercise program and left shoulder surgery. The injured worker was currently not working. Current documentation dated May 27, 2015 notes that the injured worker reported constant and worsening neck, low back and bilateral shoulder pain. The injured worker rated the pain a four out of ten on the visual analogue scale with medication. Medications included Tramadol three times a day and Norco three times a day. Examination of the cervical spine revealed tenderness over the paraspinal muscles, a decreased range of motion and a positive cervical compression sign. Examination of the bilateral shoulders revealed tenderness and a decreased range of motion. There was decreased strength with flexion and extension noted. Hawkin's impingement and Neer's impingement tests were positive bilaterally. An empty can test was positive on the left. Examination of the lumbar spine revealed a decreased range of motion. A straight leg raise test was positive on the right. Sensation was noted to be decreased over the anterior thigh as well as the lower right leg. The treating physician's plan of care included requests for Norco 10/325 mg # 90, Ultram 50 mg # 90 and Aquatic therapy to the

cervical spine, lumbar spine and left shoulder # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone 10/325mg) #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines "discourages long term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." Norco has been prescribed for this injured worker for a prolonged period, since at least November of 2014. The documentation supports that medications decreased the injured worker pain level and allowed the injured worker to do basic activities of daily living. However, the injured worker continues to report worsening pain. There was no documentation of improvement in specific activities of daily living as a result of use of Norco. There was no documentation of decrease in medication use or decrease in frequency of office visits as a result of use of Norco. Due to lack of detailed lack of documentation of improvement in pain and lack of documentation of specific functional improvement, the request for Norco is not medically necessary.

Ultram 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that central acting analgesics may be used to treat chronic pain. This small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. Side effects are similar to traditional opioids. The injured worker was noted to have chronic neck, back and bilateral shoulder pain. Ultram has been prescribed for this injured worker for a prolonged

period, since at least January of 2015. The documentation supports that medications decreased the injured worker pain level and allowed the injured worker to do basic activities of daily living. However, the injured worker continues to report worsening chronic pain. There was no documentation of improvement in specific activities of daily living as a result of use of Ultram. There was no documentation of decrease in medication use or decrease in frequency of office visits as a result of use of Ultram. Due to lack of detailed documentation of improvement in pain and lack of documentation of specific functional improvement, the request for Ultram is not medically necessary.

Aquatic therapy 2x6 cervical spine, lumbar spine, and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, physical medicine Page(s): 22, 98.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy. Aquatic therapy is an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable as in extreme obesity. Water exercise improved some components of health-related quality of life, balance and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For diagnoses of myalgia and myositis unspecified 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis unspecified 8-10 visits over 4 weeks and reflex sympathetic dystrophy (complex regional pain syndrome) 24 visits over 16 weeks. In this case, the injured worker had worsening chronic neck, shoulder and back pain. However, there is lack of documentation as to the reason the injured worker would require aquatic therapy over land-based therapy. In addition, the documentation dated May 6, 2015 notes that the injured worker had recently been evaluated by a spinal surgeon and is under consideration for possible surgical measures to the lumbar spine. The request for aquatic therapy is not medically necessary.