

Case Number:	CM15-0126235		
Date Assigned:	07/10/2015	Date of Injury:	03/31/2011
Decision Date:	08/12/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/30/2015

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: Family Practice

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 male who sustained an industrial injury on 03/31/2011. Mechanism of injury was not documented. Diagnoses include persistent chronic pain to the right side of the neck and right shoulder. Treatment to date has included diagnostic studies, medications, massage, and home exercise program. A physician progress note dated 06/01/2015 documents the injured worker has complaints of neck, back and shoulder pain. He recently had massage therapy and found it to be helpful. Norco also gives him good relief. With Norco his pain level is about 3 out of 10 and without his pain level is 10 out of 10. It allows him to be more active. He can do personal care, and some light chores around the house. His average pain is 5-6 out of 10, and it gets as high at 10 out of 10, coming down to 3 out of 10 at its best. It takes about 30 minutes to take effect and lasts for about 4 hours. He moves slowly with a cane. He has continued tenderness to palpation of his cervical, thoracic, and lumbar paraspinal muscles. Treatment requested is for 6 massage therapy sessions, and Norco 10/325 mg #70 (Rx given).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 massage therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: This patient receives treatment for chronic neck, upper back, and R shoulder pain. This occurred as a result of a work-related injury dated 03/31/2011. The patient has become opioid dependent. This review addresses a request for 6 sessions of message therapy. Massage therapy seems to be most beneficial in treating cases of stress and anxiety. Because massage treatment is considered a passive modality of treatment, massage should not be the main type of treatment in musculoskeletal disorders. A review of the medical literature shows that there are a number of contradictory results. Many studies that did show a benefit noted that the benefit decayed as soon as the treatments stopped. Massage therapy is not medically indicated.

Norco 10/325 mg #70 (Rx given): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic neck, upper back, and R shoulder pain. This occurred as a result of a work-related injury dated 03/31/2011. The patient has become opioid dependent. This review addresses a request for Norco 10/325 mg #70 tablets. The documentation does not show that the patient has returned to work. A return to working status is one of the criteria recommended for continuing opioid therapy. The documentation does state the without the medication the pain level is 10/10 and with the medication the pain level is 3/10 allowing him to perform light chores and some personal care. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a clear quantitative assessment of return to function while taking the medication, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Norco is not medically indicated.