

<b>Case Number:</b>	CM15-0128249		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	10/01/2001
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Anesthesiology

### 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 55-year-old female, who sustained an industrial injury on 10/1/2001. She reported repetitive motion injury of her bilateral upper extremities. The injured worker was diagnosed as having chronic regional pain syndrome of bilateral upper limbs, myofascial pain, and chronic pain. Treatment to date has included medications, left elbow surgery (1/2001), spinal cord stimulator (2007), and spinal cord stimulator removal (2013) laboratory evaluations (11/10/2014), 2 sessions of acupuncture, and 3 cervical epidurals. The request is for 8 sessions of physical therapy, and Norco. The records indicate she has been utilizing Norco since at least 2/2013, possibly longer. On 10/22/2014, she complained of low back pain and bilateral upper extremity pain. She denied any changes to her condition. She is noted to have been utilizing a TENS unit with minimal pain relief. Flexeril is noted to reduce her muscle spasms, and Norco decreases her pain and improves function. She reported medications to reduce her pain from 9/10 to 7/10. The treatment plan included: Norco, and Gabapentin 600mg. On 11/10/2014, she complained of neck pain rated 8/10. She indicated the pain radiated into the bilateral upper extremities down to her hands. She also reports pain and numbness in the right side of her low back where the spinal cord stimulator was placed. Her current medications include: Lyrica, Gabapentin, and Norco. The records indicated she had failed Butrans due to an apparent allergy to the adhesive. The treatment plan included: Norco, and Gabapentin 10%. On 2/2/2015, she complained of neck and mid and low back pain. She rated her pain 7-8/10, and perithoracic pain rated 10/10. She requested a discussion for physical therapy and injections. She is not currently working. The treatment plan included: physical therapy, Ultracet, Gabapentin, Lidoderm, and Lyrica. On 3/3/15, she was awaiting authorization for physical therapy. On 4/20/2015, she is noted to continue awaiting physical therapy authorization. She is not currently working. She complained of mid back pain with muscle spasms. She rated the pain 9/10. She also had low

back pain rated 4/10. Physical findings revealed tenderness of the neck and thoracic areas with muscle spasms noted. She had a decreased range of motion of the neck. The treatment plan included: Norco, starting physical therapy, and trial of Norflex ER. On 5/14/2015, a physical therapy note indicated she had temporary relief with manual therapy. On 5/19/2015, she is noted to have completed 6 physical therapy sessions for the cervical spine with some benefit. She is not currently working. Physical findings revealed muscle spasms in the neck and thoracic areas. Her neck pain is rated 10/10, mid back pain rated 8/10, and low back pain rated 4/10. She indicated that since her last visit her pain continues to increase. The treatment plan included: Toradol injection, refill of Gabapentin, refill Norflex ER, continue physical therapy, and trial Tylenol #3.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**8 sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193, 174.

**Decision rationale:** The ACOEM guidelines, state if the response to treatment with nonprescription analgesics does not adequately relieve symptoms and activity limitations, physical methods can be added. Physical methods include stretching, exercises, at home cold and heat, aerobic exercise; 1-2 visits for education, counseling, and evaluation of home exercise. More severe conditions can receive 8-12 visits over 6-8 weeks, as long as functional improvement and program progression are documented. Patients with mild symptoms may require either no therapy appointments or only a few appointments. Those with moderate problems may require 5-6 visits. Physical therapy may include ultrasound, iontophoresis, acute cold packs, later use of heat or cold, elbow brace, and exercise instruction. Functional improvement is required to continue past 3 visits. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management, and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. Passive therapy is for the early phase of treatment. Active therapy is recommended over passive care, with transition to home therapy. The 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. The recommended quantities are: myalgia and myositis, 9-10 visits over 8 weeks; neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks; and reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks. In this case, there is no evidence of CRPS. The injured worker has completed 6 physical therapy visits with a noted "some benefit" by the physician. Following the 6 physical therapy visits, her neck pain is rated 10/10, mid back pain 8/10, and low back pain is 4/10. She is not currently working. She indicated that since her last visit her pain continues to increase. Thus, based on these findings functional improvement, per the CA MTUS guidelines, has not been met. Therefore, the request of 8 sessions of physical therapy is not medically necessary.

**Norco 10-325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone; Acetaminophen (APAP) Page(s): 74-95, 51, 22, 11-12.

**Decision rationale:** Per the CA MTUS, Norco is a combination of Hydrocodone & Acetaminophen. Hydrocodone is considered a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation in some states (not including California). The CA MTUS Chronic Pain Medical Treatment Guidelines state that Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The guidelines note that there are no FDA-approved hydrocodone products for pain unless formulated as a combination. The guidelines state that the usual dose of 5/500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. The guidelines state that Hydrocodone has a recommended maximum dose of 60mg/24 hours and that the dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the records indicate she is currently not working, and that there is no aberrant behavior. The records do not indicate: her average pain; her least reported pain over the period since her last assessment; her intensity of pain after taking Norco; how long it takes for pain relief with the use of Norco; or how long pain relief lasts with the use of Norco. The records indicate doing activities around the house such as vacuuming cause an increase in her pain; however it is not indicated if the use of Norco improves her activity level, or if the use of Norco improves her overall activities of daily living or improves her quality of life. The criteria per the CA MTUS guidelines for ongoing management of opioids have not been met. Therefore, the request for Norco 10-325 mg #120 is not medically necessary.