

<b>Case Number:</b>	CM15-0066796		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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 Jersey  
 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 58-year-old male who sustained an industrial injury on 3/4/14 from a slip and fall where he hit his head with momentary loss of consciousness. He had a computed tomography of the head, which was normal. He then developed right shoulder pain, neck pain, right hand paresthesias and headaches. Because of persistent symptoms, he underwent cervical epidural injection (date unknown) which increased the headaches immediately. He currently complains of neck pain, right and left shoulder pain radiating into arms to fingers and down the back into bilateral legs. Medication is Norco. Diagnoses include brachial neuritis; cervical disc displacement; post-concussion syndrome; cervical spine strain; right rotator cuff syndrome; cervical radiculitis; cervicogenic headaches. Diagnostics include electrodiagnostic study of the upper extremities (2/18/15); MRI right shoulder; computed tomography of the head (3/9/14) normal; MRI of the brain (3/10/14) normal; transthoracic Doppler (3/10/14) normal. In the progress note dated 3/18/15 the treating provider's plan of care requests physical therapy to relax the neck and upper back muscles and medication refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 physical therapy visits:** Upheld

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

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

**Decision rationale:** Physical therapy in the form of passive therapy for the back and neck is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower myositis/myalgia pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had already completed as much as 12 supervised physical therapy sessions (unclear which body areas were treated). There was insufficient reporting to show the functional gains and pain level reduction or compliance with home exercises related to these completed sessions. Also, there was no evidence to suggest this worker was unable to perform home exercises for the chronic pain. In the case that physical therapy sessions were reasonable, however, the request for 18 sessions is more than necessary. Therefore, the request for 18 physical therapy visits will be considered medically unnecessary at this time.

**Norco 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): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation to show this full review was completed around the time of this request to renew Norco. There was insufficient record of measurable pain level reduction and functional gains directly related to the Norco use to justify its continuation. Therefore, the Norco will be considered medically unnecessary at this time.

