

<b>Case Number:</b>	CM15-0095322		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 28 year old male who sustained an industrial injury on 08/26/2013 resulting in acute severe sternal pain and difficulty breathing. Treatment provided to date has included: medications (Norco, Anaprox, Prilosec, and Flexeril); massage therapy (unknown number of sessions); acupuncture; and physical therapy (unknown number of sessions). Diagnostic tests performed include: bilateral upper extremity electromyography (04/03/2014) which showed evidence of mild right carpal tunnel syndrome, cervical MRI (03/26/2014) which showed reversal of cervical lordosis, mild disc desiccation, some borderline central canal stenosis, mild facet hypertrophy, and mild to moderate narrowing of the neural foramina on multiple levels; and a thoracic MRI that was noted to be unremarkable. There were no noted previous injuries or dates of injury, and no noted co-morbidities. On 04/29/2015, physician progress report noted complaints of neck and mid back pain, and headaches. Pain is rated 4 (0-10) and described as aching but improving with massage therapy by 50%. Headaches were noted to be no longer constant and also improving with massage therapy. The injured worker also reported that his medications are helping with pain flare-ups and that he is taking less medication with massage therapy. Current medications consist of Norco and naproxen as needed for pain, and omeprazole for gastric upset. The physical exam revealed diminished sensation in the right upper extremity, tenderness over the cervical paraspinals and facet joints in the cervical spine, and increased pain with rotation of the neck to the right and with extension. The provider noted diagnoses of chronic pain syndrome, thoracic pain, thoracic strain, sternal pain, and myalgia. Plan of care includes a refill of medications (Norco, omeprazole and naproxen) and additional massage therapy. Requested treatments include: Norco, Prilosec and 12 sessions of massage therapy for the neck and mid back.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.

**Prilosec 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg #60 is not medically necessary.

**Massage therapy (neck/mid back) x12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** According to MTUS guidelines, "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion." "Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." There is no documentation of objective findings that support musculoskeletal dysfunction 12 sessions of manual therapy. The patient should have a documentation of efficacy of the first sessions before considering more sessions. Therefore the request for Massage therapy (neck/mid back) x12 is not medically necessary.