

Case Number:	CM14-0144283		
Date Assigned:	09/12/2014	Date of Injury:	09/16/2009
Decision Date:	10/07/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male whose date of injury is said to be 12-18-2007. He complained primarily of back pain radiating into lower extremities, neck pain and bilateral shoulder pain. His diagnoses include multilevel facet arthropathy of the cervical and lumbar spine, spinal stenosis of the lumbar spine, chronic right wrist pain, and torn rotator cuffs bilaterally. His most recent physical exam appears to have been 8-20-2014. At that time he was complaining of 6-7/10 back pain radiating to the lower extremities, 6-7/10 neck pain, and 5-6/10 bilateral shoulder pain. The physical exam showed him to be no apparent distress; the neck revealed no abnormalities, and the inspection of the bones, joints, and muscles was unremarkable. In fact he had the same exam documented on 7-21-2014 and 6-18-2014. The record also reflects that a physical exam from 6-24-2010 showed no tenderness to palpation of the thoracic or lumbar spine, no apparent distress, and negative straight leg raise testing. The injured worker had 18 sessions of massage therapy spanning 2013. The last activity/functionality rating subjectively that can be found in the notes is from 2011. That rating did not assess the impact of narcotic analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY 18 SESSIONS 2X9: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Massage Therapy

Decision rationale: Per the Official Disability Guidelines, the recommended frequency and duration of treatment for massage is a frequency of 1-2 times per week with an optimal duration of 6 weeks and a maximum duration of 2 months. At 2 months, patients should be reevaluated. Care beyond 2 months may be indicated for certain chronic pain patients in whom massage is helpful in improving function, decreasing pain, and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached MMI and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 2 months should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. Injured workers with complicating factors may need more treatment, if functional improvement is documented by the treating physician. In this instance, the injured worker had 18 sessions of physical therapy spanning one year. This reviewer can find no documentation to suggest an increase in functionality as a consequence of the massage therapy. Therefore, the request for massage therapy 18 sessions, twice a week for 9 weeks, is not medically necessary.

BUTRANS PATCH 10 MCG #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: In order to treat patients with chronic opioid therapy there should be 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. 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 nonadherent) 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 for documentation of the clinical use of these controlled drugs. In this instance, documentation does not seem to reflect any recent inquiries about activities of daily living/functionality, the

magnitude of pain impact by the opioids prescribed, how long pain relief lasts, and how long it takes for pain relief. Additionally, repeated physical examination findings have recently shown normal inspections of the bones, joints, and muscles. Therefore, under the above referenced guidelines, Butrans patch 10 mcg #4 is not medically necessary.

NORCO 10-325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: In order to treat patients with chronic opioid therapy there should be 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. 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 nonadherent) 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 for documentation of the clinical use of these controlled drugs. In this instance, documentation does not seem to reflect any recent inquiries about activities of daily living/functionality, the magnitude of pain impact by the opioids prescribed, how long pain relief lasts, and how long it takes for pain relief. Additionally, repeated physical examination findings have recently shown normal inspections of the bones, joints, and muscles. Therefore, under the above referenced guidelines, Norco 10-325mg #120 is not medically necessary.