

Case Number:	CM13-0027189		
Date Assigned:	11/22/2013	Date of Injury:	11/25/2009
Decision Date:	02/07/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine & Cardiology, is Fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas. 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 physician 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 patient is a 58 year old female who reported an injury on 11/25/2008. The mechanism of injury was not submitted. The patient was diagnosed with long-term use medication, lumbar spinal stenosis, and acquired spondylolisthesis. The clinical documentation dated 09/10/2013 stated the patient reported increasing upper back and neck pain. The patient rated the pain at 8/10 without pain medication and 4/10 with pain medication. The patient has been paying for chiropractic care out of pocket and reported his pain when from 10/10 to 8/10. The treatment plan was Norco, Tizanidine, and chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #22: Upheld

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

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

Decision rationale: The patient was diagnosed with long-term use medication, lumbar spinal stenosis, and acquired spondylolisthesis. The clinical documentation dated 09/10/2013 stated the

patient reported increasing upper back and neck pain. The patient rated the pain at 8/10 without pain medication and 4/10 with pain medication. CA MTUS recommends short-term opioid use with a documented improvement in function and a decrease in pain. The clinical documentation submitted for review does not indicate an increase in the patient's functional level. The patient also continued to report pain as great as 8/10. As such, the request is non-certified.

Tizanidine 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The clinical documentation submitted for review does not meet the guideline recommendations. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The patient was diagnosed with long-term use medication, lumbar spinal stenosis, and acquired spondylolisthesis. The clinical documentation dated 09/10/2013 stated the patient reported increasing upper back and neck pain. The patient rated the pain at 8/10 without pain medication and 4/10 with pain medication. CA MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, the patient has been taking this medication for a long period of time which the guidelines do not recommend. The guidelines state that long-term use of muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. As such, the request is non-certified.

4 chiropractic manipulation treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: complained of pain to the neck and upper back and was participating in chiropractic care. CA MTUS does recommend chiropractic treatments for chronic pain if the pain is musculoskeletal. However, no clinical documentation was submitted showing a decrease in pain or improvement in functional level for the patient. Given the lack of documentation, the request is non-certified