

Case Number:	CM13-0036430		
Date Assigned:	12/13/2013	Date of Injury:	04/13/2009
Decision Date:	02/17/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/21/2013

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, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 57-year-old male who reported an injury on April 13, 2009 as a result of a motor vehicle accident. The patient reportedly sustained an injury to his head and neck. The patient was initially treated with medications, activity modification, and physical therapy. The patient ultimately developed chronic neck pain, mild thoracic pain, and lumbar pain. The patient's chronic pain was treated conservatively with rest, medications, physical therapy, and epidural steroid injections. The most recent clinical examination revealed persistent neck complaints radiating into the bilateral upper extremities. Physical findings included tenderness to palpation along the paraspinal cervical musculature with spasming and guarding. It was noted that the patient had limited range of motion in all planes secondary to pain. The patient's diagnoses included multi-level cervical disc desiccation with bulging and annular tearing at the C4, C5, C6 and C7 levels, thoracic strain, lumbar strain, history of stress and anxiety, and insomnia. The patient's treatment plan included chiropractic care and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

six (6) sessions of Chiropractic treatments to the Thoracic and Lumbar Spine for neck and back pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section Page(s): 58.

Decision rationale: The documentation submitted for review does provide evidence that the patient was previously approved for 6 visits of chiropractic treatment. The California MTUS recommends a 6 visit clinical trial of chiropractic care to determine the efficacy of this treatment and support continuation of therapy. Clinical documentation submitted for review did not provide any evidence that the patient had any objective functional improvement based on the previously approved 6 visit clinical trial. Therefore, the need for additional chiropractic care cannot be determined. As such, the requested six (6) sessions of chiropractic treatments to the thoracic and lumbar spine for the neck and back pain are not medically necessary or appropriate.

Cyclobenzaprine 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®) Section Page(s): 42.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The California MTUS does not recommend the extended use of muscle relaxants in the management of a patient's chronic pain. This type of medication is only recommended for short courses of treatment for acute exacerbations of chronic pain. Additionally, as the most recent physical evaluation documented that the patient had persistent muscle spasming and guarding upon palpation, the efficacy of this treatment cannot be determined. Therefore, continued use would not be indicated. As such, the requested cyclobenzaprine 7.5mg, #60, is not medically necessary or appropriate.

Tramadol ER 150mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 & 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and Opioids Section Page(s): 60, 76.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The California MTUS recommends medications that are used in the management of chronic pain be supported by an assessment of pain relief, and documentation of increased functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient has any pain relief or increased functional benefit as a result of this medication. Therefore, continued use would not be indicated. As such, the requested tramadol ER 150mg, #60, is not medically necessary or appropriate.

Omeprazole 20mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: The California MTUS recommends gastrointestinal protectants when the patient is at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide any evidence that the patient is at risk for developing gastrointestinal events related to the patient's medication usage. Although the patient has been treated for chronic pain with medications on a long term basis, there is no documentation of gastrointestinal upset as a result of this medication usage. As such, the requested omeprazole 20mg, #100, is not medically necessary or appropriate.