

Case Number:	CM13-0045884		
Date Assigned:	12/27/2013	Date of Injury:	12/27/2002
Decision Date:	03/11/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and 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 64-year-old female who reported an injury on 12/27/2002. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to her lumbar spine and cervical spine. Prior treatments included medications, massage therapy, aquatic therapy, physical therapy, and manual therapy. The patient's most recent clinical examination documents the patient has pain rated at 2/10 to 3/10. The patient's medications schedule included hydrocodone 5/350 mg and diazepam 5 mg. The patient was regularly monitored for compliance with urine drug screens. Physical findings included limited lumbar range of motion with a positive left-sided straight leg raise test and a positive right-sided Patrick's test. The patient's diagnoses included lumbar levoscoliosis, lumbar disc protrusion, lumbar radiculitis, lumbar facet joint pain, sacroiliac joint pain, new thoracic strain, opioid dependence, status post bilateral knee joint replacements, and left 1st metacarpal phalangeal joint arthritis. The patient's treatment plan included continuation of medications and chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The requested chiropractic visits 2 times a week for 3 weeks are not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient was previously treated with chiropractic care. California Medical Treatment Utilization Schedule does recommend 1 to 2 visits on an as needed basis for flare-ups. The requested 2 times a week for 3 weeks exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested chiropractic visits 2 times a week for 3 weeks is not medically necessary or appropriate.

Medication counseling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested medication counseling is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the consideration of a consultation with a multidisciplinary pain clinic if a patient requires opioid therapy for an extended duration. The clinical documentation submitted for review is from a pain management specialist. The clinical documentation submitted for review does not provide any evidence of adverse reactions or aberrant behavior that would require additional counseling beyond what is provided by the pain management specialist. As such, the request for medication counseling is not medically necessary or appropriate.

Hydrocodone 5/500mg, QTY 120: 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 Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested hydrocodone 5/500 mg QTY: 120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence of compliance to the prescribed medication schedule. The clinical documentation submitted for review does indicate that the patient has consistent urine drug screen. It is noted within the documentation that the patient's pain is rated at 2/10 to 3/10. However, this assessment does not clearly indicate if this level of pain is with medications. There is no documentation of what the patient's pain is without medications to assess the amount of pain relief provided to this patient.

Additionally, the documentation fails to provide any evidence of functional benefit related to the medication usage. Therefore, continued use would not be supported. As such, the requested hydrocodone 5/500 mg QTY: 120 is not medically necessary or appropriate

Diazepam 5mg, QTY 60: 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 Benzodiazepines Page(s): 24.

Decision rationale: The requested diazepam 5 mg QTY: 60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the extended use of benzodiazepines. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. Therefore, continued use would not be supported. Additionally, there is no documentation of symptom relief or functional benefit related to this medication. As such, the requested diazepam 5 mg QTY: 60 is not medically necessary or appropriate.