

Case Number:	CM13-0057852		
Date Assigned:	12/30/2013	Date of Injury:	06/14/2011
Decision Date:	05/05/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 65-year-old female who reported an injury on 06/14/2011. The mechanism of injury was not included in the medical records for review. The clinical note dated 10/30/2013 noted the injured worker was seen and complained of recent increase in the pain in her neck. The pain was rated at a score of 4/10. Current medications helped about 50% in decreasing the symptoms. The injured worker developed some skin rashes and she does not know whether it is from the medications and denies any new injuries. Current medications listed are Sertraline 100 mg tablet once a day, Relafen 750 mg tablet 1 twice a day with food, Flector 1.3% adhesive patch on 12 hours a day, Tizanidine 4 mg tab 1 four times a day as needed for spasms and Nortriptyline capsule 50 mg 1 tablet daily at bedtime. On physical exam, the injured worker is noted to have a normal gait without assistive device. The injured worker is noted to have a mild decrease in the lumbar spine with flexion due to pain, mild tenderness is noted over the lumbosacral spine and paraspinals with mild paralumbar muscle tightness. The cervical spine is noted to have a mild decrease in the range of motion due to pain, mild tenderness is noted on the posterior cervical spine and the paraspinals with mild paravertebral muscle tightness. Mild trigger points with taut bands in the posterior cervical paraspinals are noted and sensation is equal to light touch in bilateral upper and lower extremities. The injured worker has diagnoses of chronic pain syndrome, lumbago, cervicgia, myalgia and myositis, NOS. The treatment plan was for the injured worker to continue with current medications as previously given, request 12 sessions of chiropractic treatments and continue with home exercise program. The injured worker is to follow-up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT, TWELVE SESSIONS: 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: The request for Chiropractic treatment of twelve sessions is non-certified. The California MTUS Guidelines recommend chiropractic treatment for chronic pain if it is caused by musculoskeletal conditions. Manual medicine goal is to have the achievement of positive symptomatic or objective measureable gains in functional improvement that facilitates progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines state a trial of 6 visits over 2 weeks with evidence of objective functional improvement, with a total of up to 18 visits over 6 to 8 weeks for low back pain. The frequency is to be 1 to 2 weeks for the first 2 weeks as indicated by the severity of the condition. The treatment may continue at 1 treatment a week for the next 6 weeks. The documentation provided for review did not provide subjective complaints of activities of daily living, or pain for the necessity of chiropractic treatments, with no documentation of other failed conservative care. The documentation did provide that the injured worker continue with home exercise as part of the continued plan of care. The documentation provided for review did not meet the requirements set by the California MTUS Guidelines for Chiropractic treatment of twelve sessions. Therefore, the request is non-certified.

SERTRALINE 100 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-15.

Decision rationale: The request for Sertraline 100 MG #30 is non-certified. The California MTUS Guidelines state antidepressants for chronic pain are recommended for neuropathic pain, and for possibly non-neuropathic pain. The guidelines recommend tricyclic antidepressants as a first-line option, especially if the pain is accompanied by insomnia, anxiety, or depression. The documentation provided for review gave no objective or subjective complaints of insomnia, anxiety, or depression. The guidelines state that for low back pain a systemic review indicated that antidepressants have demonstrated a small to moderate effect on chronic low back pain, but the effect of the function is unclear. Due to the lack of documentation provided for review with no objective or subjective concerns noted or the efficacy of the medication, the request does not meet the guidelines set forth by the California MTUS. The request as submitted failed to provide the frequency at which the prescription is to be taken to determine necessity. Therefore, the request is non-certified.

RELAFIN 750 MG #60: Upheld

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

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

Decision rationale: California MTUS Guidelines state that muscle relaxants are to be given with caution as a second-line option for short-term treatments of acute exacerbation of injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and in helping to increase mobility. However, in most low back pain cases, they have shown no benefit beyond using NSAIDs in pain and overall improvement. Efficacy appears to disappear over time, and prolonged use of some medications in this class may lead to dependency. Sedation is the most commonly reported adverse effect of muscle relaxants medications. These drugs should be used with caution in workers who drive or operate machinery. Anti-spasmodic muscle relaxants are used to decrease muscle spasms in conditions such as low back pain, but the mechanism of action for most are not known. The request did not include the frequency of how the medication was being prescribed to determine necessity. Also, the clinical information failed to indicate the efficacy of the medication to support continuation. Therefore, the request for Relafin 750 MG #60 is non-certified.

FLECTOR 1.3% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAID Page(s): 111.

Decision rationale: The request for Flector 1.3% #30 is non-certified. The California MTUS Guidelines state that topical analgesics are recommended as an option, but they are largely experimental with few controlled trials to determine their efficacy or safety. They are commonly recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided did not include any trials of failed antidepressants or anticonvulsants in conservative care. The documentation did not provide the efficacy of the medication to support continued use. The request as submitted failed to provide the frequency at which the prescription was to be utilized to determine necessity. Therefore, the recommendations do not meet the guidelines set forth by the California MTUS. The request for Flector 1.3% #30 is non-certified.

TIZANIDINE 4 MG #60: Upheld

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

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

Decision rationale: The request for Tizanidine 4 MG #60 is non-certified. The California Chronic Medical Treatment Guidelines for muscle relaxants state that non-sedating muscle relaxants should be used with caution as a second-line option for treatment of acute exacerbations with injured workers with chronic low back pain. Muscle relaxants may be effective for reducing pain and muscle tension and helping with mobility. However, in most of cases low back pain, they have shown no benefit beyond the injured worker using an NSAID for pain in overall improvement. The guidelines state that the efficacy appears to diminish overtime and prolonged use may lead to dependency. The documentation provided did not state when the medication was started for the injured worker or the effectiveness of the medication. The request as submitted failed to provide the frequency at which the medication was prescribed for to determine necessity. Therefore, the request for Tizanidine 4 mg # 60 is non-certified.

NORTRIPTYLINE 50 MG #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

Decision rationale: The request for Nortriptyline 50 MG #1 is non-certified. The California MTUS Guidelines state that antidepressants may be recommended for the use of chronic low back pain. A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. Serotonin-specific reuptake inhibitors do not appear to be beneficial. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. The documentation provided for review did not show if the injured worker was getting any relief from the tricyclic antidepressant being prescribed. The efficacy of this medication was not provided in the documentation submitted. The documentation did not include any pain levels prior to medication being taken, how long the medication took to take effect or the effects if the medication was not taken. The request as submitted failed to indicate the frequency at which the prescribed medication was to be taken to determine necessity. The request for the Nortriptyline 50 MG #1 Therefore, the request is non-certified.