

Case Number:	CM13-0064060		
Date Assigned:	03/03/2014	Date of Injury:	02/12/2010
Decision Date:	06/25/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/11/2013

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 Occupational Medicine and is licensed to practice in. 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 patient is an employee of [REDACTED] has submitted a claim for neck and lumbar sprain / strain and degeneration of intervertebral disc associated with an industrial injury date of 02/12/2010. Treatment to date has included physical therapy, chiropractic care and medications including Norco, Mobic, and Voltaren. Utilization review from 12/05/2013 denied the request for pharmacological management because there was no clear documentation of rationale identifying its necessity and the number of visits was unspecified. Medical records from 2012 to 2013 were reviewed showing that patient complained of constant neck pain and stiffness radiating to both shoulders, arms and hands associated with tingling of fingertips. She also complained of lower back pain, central in location, radiating to buttocks up to lower legs associated with numbness and tingling of feet. Pain was aggravated by stationary positions. Physical examination showed tenderness at the paracervical muscles, trapezius, paralumbar muscles, and sacroiliac joints. Range of motion of cervical spine was restricted to flexion at 35 degrees, extension of 30 degrees, rotation of 50 degrees, and lateral bending of 25 degrees. Range of motion of lumbar spine was restricted to 60 degrees flexion, 10 degrees extension, 45 degrees rotation bilaterally and lateral bending of 25 degrees bilaterally. Motor strength was 5/5 at all extremities. Deep tendon reflexes were trace + symmetrical at biceps but unobtainable at triceps and brachioradialis; trace + symmetrical at the knees; and +1 symmetrical at the ankles. Straight leg raising test in the supine was up to 80 degrees bilaterally resulting to significant low back and bilateral buttocks pain without any radicular leg pain, right greater than left. Patient manifested with a mild left antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACOLOGICAL MANAGEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-- MENTAL ILLNESS AND STRESS CHAPTER

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8.

Decision rationale: As stated on pages 7-8 of Chronic Pain Medical Treatment Guidelines, using medications in the treatment of pain requires a thorough understanding of the mechanism underlying the pain as well as to identify comorbidities that might predict an adverse outcome. Choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. In this case, patient's current medications include Norco 7.5/325 mg and Mobic 15mg. Intake of medications is necessary in treating her chronic cervical and low back pain. However, the request did not specify the exact medication, its dosage, and amount to dispense. A clear understanding of the mechanism of action for pain of each medication is required. Therefore, the request for pharmacological management is not medically necessary.