

Case Number:	CM13-0064397		
Date Assigned:	01/03/2014	Date of Injury:	06/22/2011
Decision Date:	05/20/2014	UR Denial Date:	11/25/2013
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 Anesthesiology, has a subspecialty in Pain Management 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 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:

According to the records made available for review, this is a 50-year-old male with a 6/22/11 date of injury. At the time (11/5/13) of request for authorization for six chiropractic manipulation treatments and Norco 10/325 MG #30, there is documentation of subjective (neck, back, and right knee pain) and objective (decreased tenderness to the cervical spine and decreased pain down the left lower extremity) findings, current diagnoses (chronic right knee pain, left knee pain, neck pain radiating to the left arm, chronic left shoulder pain, and status post left cubital tunnel release), and treatment to date (at least 6 previous chiropractic treatments and medications (including Norco since at least 9/26/12)). Medical report identifies that previous chiropractic treatments have been beneficial in the past, and that functional pain scale without medication is 6/10 to 8/10, with medications is it 4/10 or 5/10. Regarding six chiropractic manipulation treatments, there is no (clear) documentation of positive symptomatic or objective measurable gains in functional improvement with previous treatment. Regarding Norco 10/325 MG #30, there is no documentation of that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX CHIROPRACTIC MANIPULATION TREATMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. MTUS additionally supports a total of up to 18 visits over 6-8 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic right knee pain, left knee pain, neck pain radiating to the left arm, chronic left shoulder pain, and status post left cubital tunnel release. In addition, there is documentation of at least 6 previous chiropractic treatments. However, despite documentation that previous chiropractic treatments have been beneficial in the past, there is no (clear) documentation of positive symptomatic or objective measurable gains in functional improvement with previous treatment. Therefore, based on guidelines and a review of the evidence, the request for six chiropractic manipulation treatments is not medically necessary.

NORCO 10/325 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and California Code of Regulations Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic right knee pain, left knee pain, neck pain radiating to the left arm, chronic left shoulder pain, and status post left cubital tunnel release. In addition, there is documentation of ongoing treatment with Norco since at least 9/26/12 and that functional pain scale without medication is 6/10 to 8/10, with medications is it 4/10 or 5/10. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed;

the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation that pain scale without medication is 6/10 to 8/10, with medications is it 4/10 or 5/10, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 MG #30 is not medically necessary.