MAXIMUS Federal Services

Case Number:	CM13-0064970		
Date Assigned:	01/03/2014	Date of Injury:	02/11/2007
Decision Date:	06/24/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/12/2013

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 & Rehabilitation and is licensed to practice in 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 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 51 year old male who reported an injury on 02/11/2007 after a fall from a ladder. The injured worker's treatment history included physical therapy, acupuncture, a knee brace, and multiple medications. The injured worker was evaluated on 04/09/2013. It was documented that the injured worker had previously used Vicodin for pain control that did not adequately address the injured worker's pain complaints. Additionally, it was noted that the injured worker was switched to Norco which also did not adequately address the injured worker's pain complaints. The injured worker was evaluated on 12/04/2013. It was documented that the injured worker experienced stomach pain and headaches secondary to medication usage. Physical findings included tenderness to palpation of the paraverterbral musculature in the cervical spine with restricted range of motion. Physical findings of the lumbar spine noted paravertebral tenderness with spasming and restricted range of motion with a positive right-sided straight leg raising test and decreased sensation in the L5 dermatomal distribution. Evaluation of the left knee documented joint line tenderness and a positive McMurray's test. The injured worker's diagnoses included left knee internal derangement, cervical spine strain, left plantar fasciitis, left ankle pain, gastropathy secondary to pain medication, and lumbar radiculopathy. The injured worker's treatment plan included chiropractic treatment and medication refills to include omeprazole, orphenadrine, Cidaflex, and hydrocodone/APAP(Vicodin).

IMR ISSUES, DECISIONS AND RATIONALES

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

CIDFLEX #90: 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 Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The MTUS Chronic Pain Guidelines does support the use of glucosamine and chondroitin in the management of osteoarthritic related pain. However, the MTUS Chronic Pain Guidelines recommends that any medication used in the management of chronic pain be supported by symptom response and functional benefit. The clinical documentation submitted for review fails to provide any evidence of functional benefit or a reduction in pain to support the efficacy of this medication. Therefore, continued use would not be supported. Additionally, the request as it is submitted does not clearly identify a frequency, dosage, or duration of treatment. In the absence of this information, the appropriateness of that request cannot be determined. As such, the requested Cidaflex #90 is not medically necessary or appropriate.

VICODIN ES 7.5/750MG #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 MTUS Chronic Pain Guidelines recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has a history of using this medication. There is no documentation that the injured worker is monitored for aberrant behavior, has pain relief, or functional benefit resulting from this medication. Additionally, the clinical documentation indicates that the injured worker had a history of using this medication without significant relief. Therefore, continued use of this medication would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Vicodin ES 7.5/750 mg #120 is not medically necessary or appropriate.

12 CHIROPRACTIC MANIPULATION SESSIONS: 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, Page(s): 58.

Decision rationale: The clinical documentation submitted for review does not identify that the injured worker has a history of manual therapy. The MTUS Chronic Pain Guidelines recommends a 6 visit clinical trial to establish the appropriateness and efficacy of this treatment modality. The request exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond the MTUS Chronic Pain Guidelines' recommendations. Additionally, the injured worker has multiple injuries to include a cervical spine, lumbar spine injury, and knee injury. The request as it is submitted does not identify what body part the chiropractic treatment should be applied to. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 12 chiropractic manipulation sessions are not medically necessary or appropriate.