

Case Number:	CM13-0066485		
Date Assigned:	01/03/2014	Date of Injury:	05/26/2006
Decision Date:	05/22/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/16/2013

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 56-year-old female with a 5/26/06 date of injury. At the time (11/19/13) of request for authorization for 1 prescription of Hydrocodone/APAP 10/325 mg # 90 and 6 sessions of chiropractic manipulation, there is documentation of subjective (increase in right shoulder and neck pain rated as an 8-9 out of 10, with difficulty performing activities of daily living, and difficulty sleeping due to pain) and objective (decreased cervical range of motion, decreased sensation in the C5, C6, and C7 dermatomes on the right, and 4 out of 5 muscle strength in the right deltoid, biceps, internal rotators, and external rotators) findings, current diagnoses (cervical spinal stenosis, right shoulder supraspinatus tendon tear, chronic low back pain, and cervicogenic headaches), and treatment to date (Hydrocodone/APAP (Norco) since at least 4/24/13 with decrease in pain levels and increase in activity level; and at least 8 sessions of chiropractic manipulation with pain relief). In addition, 11/19/13 medical report plan identifies additional chiropractic manipulation to the neck. Regarding the requested 1 prescription of Hydrocodone/APAP 10/325 mg # 90, 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. Regarding the requested 6 sessions of chiropractic manipulation, there is no documentation of positive symptomatic or objective measurable gains in functional improvement with previous chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF HYDROCODONE/APAP 10/325 MG # 90: Upheld

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

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

Decision rationale: The 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 cervical spinal stenosis, right shoulder supraspinatus tendon tear, chronic low back pain, and cervicogenic headaches. In addition, given documentation of ongoing treatment with Hydrocodone/APAP since at least 4/24/13 with decrease in pain levels and increase in activity level, there is documentation of functional benefit or improvement as an increase in activity tolerance. 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. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Hydrocodone/APAP 10/325 mg # 90 is not medically necessary.

6 SESSIONS OF CHIROPRACTIC MANIPULATION: Upheld

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

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

Decision rationale: The 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 cervical spinal stenosis, right shoulder supraspinatus tendon tear, chronic low back pain, and cervicogenic headaches. In addition, there

is documentation of at least 8 previous chiropractic treatments. However, despite documentation of pain relief with previous chiropractic treatments, there is no (clear) documentation of positive symptomatic or objective measurable gains in functional improvement with previous chiropractic treatment. Therefore, based on guidelines and a review of the evidence, the request for 6 sessions of chiropractic manipulation is not medically necessary.