

Case Number:	CM13-0070569		
Date Assigned:	01/03/2014	Date of Injury:	03/13/2012
Decision Date:	06/04/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/24/2013

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 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:

The injured worker is a 41-year-old female who reported injury on 03/13/2012. The mechanism of injury was the injured worker was walking a patient from the kitchen to the bathroom. The injured worker's medication history included opiates as of 05/2013, PPIs as of 07/2013, muscle relaxants as of 09/2013 and ondansetron as of 10/2013. The documentation of 11/12/2013 revealed the injured worker indicated she was feeling some improvement with numbness and tingling going down to the calf region only but she was getting sharp pain in the lower lumbar spine on the left side and intermittently on the right. The injured worker indicated she was getting functional improvement and pain relief with therapy and medications. The injured worker upon physical examination had muscle spasms in the paralumbar musculature. The injured worker had tenderness to palpation in the paralumbar musculature and the posterior superior iliac spine region. The range of motion was decreased in forward flexion and extension. The injured worker had a positive straight leg raise with radiating pain in the left lower extremity in the sitting position. Diagnoses included low back pain, radiculitis of the left lower extremity, degenerative disc disease, herniated disc of the lumbar spine, right shoulder tendonitis improved, right knee strain resolved, tendonitis right shoulder and impingement syndrome of the right shoulder. The treatment plan included continue current care, chiropractic and acupuncture therapy 3 times 6 weeks as it was indicated the injured worker was getting benefit. The additional treatment plan included cyclobenzaprine 7.5 mg by mouth daily to relieve muscle spasms, diclofenac XR 100 mg by mouth daily for anti-inflammatory, omeprazole 20 mg to reduce NSAID gastritis prophylactically and 30 tablets of ondansetron 4 mg by mouth to counter effect the nausea from the NSAIDs prophylactically. Additionally, it was indicated the treatment plan included tramadol ER 150 mg 1 daily by mouth for chronic pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 CHIROPRACTIC THERAPY VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: The California MTUS Guidelines indicate that manual therapy and manipulation are recommended for chronic pain if it is caused by musculoskeletal conditions. For the low back, therapy is recommended initially for a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6 to 8 weeks. Treatment for flareups requires a need for re-evaluation of prior treatment success. Additionally, treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist and hand or the knee. If chiropractic treatment is going to be effective there should be some outward signs of objective or subjective improvement within the first 6 visits. The clinical documentation submitted for review indicated the injured worker should continue the previous care including chiropractic therapy. The injured worker indicated she was getting functional improvement. There was a lack of documentation of objective functional improvement. There was a lack of documentation indicating the quantity of sessions previously attended. 18 sessions would be considered excessive. Given the above, the request for 18 chiropractic therapy visits is not medically necessary.

18 ACUPUNCTURE THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and is recommended as an adjunct to physical rehabilitation. Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had previously been treated with acupuncture. There was lack of documentation of the quantity of sessions that had been participated in. It was indicated the injured worker was getting functional improvement. There was lack of documentation of objective clinically significant improvement in activities of daily living or reduction in work restrictions. Given the above, the request for 18 acupuncture visits is not medically necessary.

1 PRESCRIPTION FOR CYCLOBENZAPRINE 7.5MG: 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 California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for more than 2 months. There was lack of documentation of objective functional improvement. The request as submitted failed to indicate a quantity for the requested medication. Given the above, the request for cyclobenzaprine 7.5 mg is not medically necessary.

OMEPRAZOLE 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for more than 2 months. There was lack of documentation of the efficacy of the requested medication. The request as submitted failed to indicate a quantity for the medication. Given the above, the request for omeprazole 20 mg is not medically necessary.

ONDANSETRON 4MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Ondansetron.

Decision rationale: The Official Disability Guidelines do not recommend ondansetron for the treatment of opioid induced nausea. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for more than 1 month. The documentation indicated the injured worker was utilizing it for dyspepsia secondary to NSAID therapy. This is not an indication for use. The request as submitted failed to indicate the quantity of medication. Additionally, the clinical documentation failed to indicate the efficacy of the requested medication. Given the above, the request for ondansetron 4 mg is not medically necessary.

1 PRESCRIPTION FOR TRAMADOL ER 150MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The clinical documentation indicated the injured worker had been utilizing the medication for more than 6 months. The request as submitted failed to indicate the quantity of medications being requested. Given the above, the request for tramadol ER 150 mg is not medically necessary.