

Case Number:	CM14-0108398		
Date Assigned:	08/01/2014	Date of Injury:	09/22/2008
Decision Date:	10/02/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/11/2014

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 Medicine 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 43 year old male who reported an injury on 9/22/2008 to his neck and low back. The initial injury occurred as a result of a bag falling out of a compartment striking the injured worker in the head. The MRI of the cervical spine dated 10/18/12 revealed no evidence of vertebral body fracture, subluxation of scoliosis. No evidence of soft tissue edema was identified. No ligament sprain was revealed. The clinical note dated 06/18/14 indicates the injured worker having undergone chiropractic therapy which did provide some benefit regarding the injured worker's pain level. The injured worker also stated he was able to sit longer and continued working. Upon exam the injured worker was able to demonstrate 34 degrees of cervical flexion with 42 degrees of extension, 44 degrees of left lateral bending, and 40 degrees of right lateral bending with 80 degrees of bilateral rotation. No strength deficits were identified. The injured worker was also able to demonstrate 22 degrees of right lateral bending in the lumbar region. The note indicates the injured worker being recommended for Norco, Zanaflex, and Protonix. The utilization review dated 07/07/14 indicates a partial approval for two chiropractic therapy sessions, the approval for the continued use of Norco, and denials for the use of Protonix and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

(6) Sessions of Chiropractic Care (1) time a week for (6) weeks to the Cervical/Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58.

Decision rationale: The documentation indicates the injured worker complaining of neck and low back pain. There is an indication had previously undergone chiropractic therapy. However, no information was submitted regarding an objective functional improvement. No objective data was submitted in the documentation regarding the injured worker's improvement. Given the lack of information supporting the injured worker's objective functional improvements, this request is not indicated as medically necessary.

Protonix 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: Proton pump inhibitors (PPIs) are indicated for injured workers at intermediate and high risk for gastrointestinal (GI) events with concurrent use of nonsteroidal antiinflammatory drug use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of Aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long term PPI use has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

Decision rationale: Muscle relaxants are recommended as a second line option for short term treatment of acute low back pain and for short term treatment of acute exacerbations in injured workers with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the four week window for acute management also indicating a lack of efficacy if being utilized for chronic flare ups. As such, the medical necessity of this medication cannot be established at this time.

