

Case Number:	CM14-0013844		
Date Assigned:	02/26/2014	Date of Injury:	03/25/2005
Decision Date:	06/26/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 54 year old male who sustained an injury on 03/25/05. No specific mechanism of injury was noted. Prior treatment has included the use of chiropractic therapy as well as acupuncture. No relief was reported with these modalities. The injured worker also received previous extracorporeal shockwave therapy. Medications have included the use of analgesics such as Norco and Tramadol for severe pain. The injured worker did utilize Prilosec as well as Anaprox and Gabapentin. The injured worker is noted to have had a prior lumbar laminectomy performed in August of 2006. The clinical report from 12/10/13 indicated the injured worker had continuing upper back, right mid back, as well as right low back pain that was severe in nature. The injured worker's pain scores were between 7 and 8/10 on the VAS. The injured worker's physical examination findings did note limited range of motion in the cervical and lumbar spine. Straight leg raise signs were reported as positive bilaterally. No motor weakness was identified. The injured worker indicated his symptoms had become worse due to cold weather. The injured worker was recommended for further chiropractic treatment for an additional 6 sessions. The injured worker did not wish to continue with a Butrans patch due to possible side effects. Follow up on 01/30/14 noted unchanged pain scores in regards to the mid and low back. Physical examination findings remained unchanged. The injured worker continued to report worsening low back pain due to cold weather. Recommendations were to continue with medications as well as chiropractic therapy. Gabapentin 600mg daily was added to the medication regimen to be titrated up to twice daily. The requested chiropractic therapy for 6 sessions, Prilosec 20mg, quantity 90, and Tramadol 50mg, quantity 240 were all denied by utilization review on 01/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT TO INCLUDE THE FOLLOWING MODALITIES HYDROCULATION, HOT PACKS, ELECTRONIC MUSCLE STIMULATION AND DIATHERMY FOR THE LUMBAR SPINE TWO TIMES PER WEEK FOR THREE WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: In regards to the requested chiropractic therapy which included passive modalities such as hydrotherapy, the use of hot packs, muscle stimulation, and diathermy would not have been recommended as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. Although the injured worker has had worsening pain noted in the clinical records due to cold weather, the response to previous chiropractic therapy was not documented. It is noted in the clinical records that the injured worker had been previously seen for chiropractic treatment and without evidence to support that passive modalities were beneficial in regards to functional ability and pain for the injured worker, continuation of this type of therapy would not be supported as medically necessary. Furthermore, guidelines do not recommend passive modalities such as hydrotherapy, the use of hot or cold packs, or muscle stimulation in the treatment of chronic musculoskeletal complaints over active modalities such as physical exercise and manual type therapy. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

PRILOSEC 20 MG (#90), AS PRESCRIBED ON 12/10/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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: In regards to the use of Prilosec 20mg quantity 90, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg is not medically necessary.

TRAMADOL 50 MG (#240), AS PRESCRIBED ON 12/10/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to Tramadol 50mg, quantity 240 prescribed 12/10/13, the clinical documentation submitted for review did not specify what if any functional benefit was obtained with the use of Tramadol. Tramadol can be considered an option in the treatment of moderate to severe musculoskeletal pain; however, guidelines do recommend that there should be clear demonstration of functional benefit and pain reduction obtained with the use of this type of medication to substantiate its ongoing use. The injured worker's pain scores remained relatively unchanged and there was no clear evidence of any functional benefit attributed to the continued use of Tramadol to support its ongoing use. Therefore, the request is not medically necessary.