MAXIMUS Federal Services

Case Number:	CM14-0016691		
Date Assigned:	04/11/2014	Date of Injury:	12/01/2006
Decision Date:	05/29/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports 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 62-year-old female who reported an injury on 09/17/2008. The mechanism of injury was not stated. Current diagnoses include multilevel cervical sprain and multilevel lumbar sprain. The injured worker was evaluated on 01/08/2014. The injured worker reported persistent neck and lower back pain. Physical examination revealed mild guarding in the paravertebral and trapezius musculature, rigidity upon palpation, limited cervical range of motion, tenderness to palpation over the lumbar paraspinal muscles and mild guarding, limited range of motion of the lumbar spine, sacroiliac tenderness, bilateral sciatic notch tenderness, and intact sensation and motor testing. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR CARTIVISC: 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 Page(s): 50.

Decision rationale: California MTUS Guidelines state glucosamine and chondroitin sulfate are recommended as an option given the low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. As per the documentation submitted, the injured worker does not maintain a diagnosis of osteoarthritis. Additionally, the injured worker has utilized Cartivisc since 07/2013. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. Therefore, the request is not medically necessary.

PHYSICAL THERAPY EVALUATION AND TREATMENT (X12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. There is no specific body part listed in the current request. The request for 12 sessions of physical therapy also exceeds guideline recommendations. Therefore, the request is not medically necessary.

CHIROPRACTIC THERAPY (X8): 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 & Manipulation Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. There is no specific body part listed in the current request. The request for 8 sessions of chiropractic therapy also exceeds guideline recommendations. Therefore, the request is not medically necessary.

EXERCISE KIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Home Exercise Kit.

Decision rationale: Official Disability Guidelines state a home exercise kit is recommended as an option, where home exercise programs are recommended. The specific type of exercise kit

was not listed in the current request. There is no mention of a contraindication to a traditional home exercise program as opposed to an exercise kit. Medical necessity has not been established.

PRESCRIPTION FOR CYCLOBENZAPRINE HCL 7.5MG #90 1 TID: 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): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no evidence of palpable muscle spasm or spasticity upon physical examination. The injured worker has also utilized Flexeril 7.5 mg since 07/2013. As guidelines do not recommend long term use of this medication, the current request is not medically appropriate.

PRESCRIPTION FOR NORCO 10/325MG #120 Q4-6H: 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): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since 07/2013. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. Therefore, the request is not medically appropriate.