

Case Number:	CM14-0151885		
Date Assigned:	09/19/2014	Date of Injury:	04/21/2014
Decision Date:	10/28/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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 and Florida. 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 patient is a 40-year-old male who was injured on 4/21/2014. The diagnoses are low back, right hand, right shoulder, and neck pain. There is associated history of poorly controlled diabetes mellitus. The MRI of the lumbar spine showed degenerative disc disease and facet Arthropathy. On 8/25/2014, [REDACTED] noted objective findings of muscle spasm, decreased range of motion of cervical spine and neck right shoulder and Acromio-Clavicular joint tenderness. The UDS on 8/25/2014 was negative for prescribed medications. The pain score was 10/10 on a scale of 0 to 10. On 4/30/2014, the medications were listed As Tramadol, Nabumetome, and Orphenadrine. A Utilization Review determination was rendered on 9/4/2014 recommending not medically necessary for UDS, X-Rays of the cervical and thoracic spines, Flexeril 10mg, and modified certification for Chiropractic Manipulation from 12 sessions to 6 sessions, Norco 10/325mg #45 to #32.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Manipulation to Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the Official Disability Guidelines recommend physical or chiropractic treatments for the treatment of exacerbations of chronic musculoskeletal pain. It is recommended that the patient be evaluated for functional improvement after the initial six chiropractic treatments of the cervical spine. The records indicate that the patient was approved for 6-chiropractic treatment of the cervical spine to be extended if there is functional improvement. The criteria for 12 Chiropractic Massage of cervical spine were not met.

Norco 10/325mg, #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines recommend Physical or Chiropractic Treatments

Decision rationale: The CA MTUS and the Official Disability Guidelines recommend that opioids can be utilized for the treatment of acute exacerbation of chronic musculoskeletal pain. The records indicate that the patient was utilizing tramadol and muscle relaxants in April 2014. The UDS was negative for opioids. The criteria for the use of Norco 10/325mg #45 were not met.

Flexeril 10mg.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the Official Disability Guidelines recommend that the use of muscle relaxants be limited to 4 weeks during periods of exacerbation of chronic musculoskeletal pain. The chronic use of muscle relaxants is associated with tolerance, dependency, sedation, and adverse drug interaction with other medications. The records indicate that the patient have utilized several different muscle relaxants since the injury. The criteria for the use of Flexeril 10mg were not met.

X-Ray Cervical/Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Neck and Back pain

Decision rationale: The CA MTUS and the Official Disability Guidelines recommend that radiological tests be utilized to aid in the diagnoses of caused of exacerbation of musculoskeletal pain that did respond to conservative treatments. The records did not show exacerbation of symptoms or neurological deficits. There are records of prior MRI of the lumbar spine that did not show any acute changes. The criteria for Retrospective X-Ray for the Cervical and Thoracic Spine were not met.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the Official Disability Guidelines recommend that UDS be done at initiation of chronic opioid treatment, randomly 3-4 times a year and additionally for cause or aberrant drug behaviors. The records indicate that a UDS was done on 8/25/2014. There is no documentation of aberrant drug behavior or non-compliant issues. The records indicate that Tramadol was discontinued while Norco was started. The criteria for the UDS were not met.