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| Case Number: | CM14-0154515 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 08/21/2008 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 08/18/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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 and Rehabilitation, and is licensed to practice in Alabama and Maryland. 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:

Patient is a 60 year old male status post injury on 8/21/2008. Patient has been diagnosed with chronic degenerative disk disease with cervicalgia. She has tried medication such as norco which reportedly resulted in 70% improvement of her pain, range of motion, and activities of daily living. She is also involved in chiropractic care on an every other week bases with about 60% pain control. There is a request for 6 chiropractic sessions and 60 tablets of norco with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue chiro x 6: 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 Manual therapy & manipulation Page(s): 58.

Decision rationale: The CA MTUS guidelines do not recommend chiropractic treatment on a maintenance/chronic basis. Chiropractor care is a passive approach to treat musculoskeletal pain and patient will need continuous care without a significant long-term benefit from these treatments. It would be beneficial for the patient to be involved in a more active therapy, such as

physical therapy with a home exercise program. Therefore, based on the guidelines and the clinical records, this request is not medically necessary for this patient at this time.

Norco 10/325mg, #60 x2 refills: 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 Opioids Page(s): 75-91.

Decision rationale: The CA MTUS guidelines state that short-acting opioids such as norco, are seen as an effective method in controlling pain. They are often used for intermitted or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. It is important to note that opioid tolerance develops with the repeated use and brings about the need to increase the dose and may lead to sensitization when use long term. This patient's pain is well under control on this medication as per the medical records, therefore, there should be an attempt to slowly titrate the medication and monitor his pain diary. Therefore, this specific request is not medically necessary and safe for the patient and should be modified to a lesser quantity.