

Case Number:	CM14-0171163		
Date Assigned:	10/23/2014	Date of Injury:	08/30/2013
Decision Date:	12/04/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/16/2014

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 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 underlying date of injury in this case is 08/30/2013. The date of the utilization review under appeal is 09/26/2014. The treatment under review includes chiropractic treatment. This patient previously was approved for at least 17 chiropractic treatment sessions. On 08/22/2014, the patient was seen in primary treating physician followup regarding a thoracic herniated nucleus pulposus, lumbar strain, and thoracic radiculopathy. The patient reported ongoing mid to low back complaints and reported that he continued to await authorization for chiropractic. The patient reported that he had some benefit from a trigger point injection recently and still continued to benefit from those. The patient was still using Flexeril for spasms and Norco which helped to decreased pain and helped to perform a home exercise program. His medications overall included naproxen and ibuprofen with minimal relief as well as Norco and Flexeril with temporary relief. Soma had not been approved. The patient was also using LidoPro topical cream. The treatment plan included continuation of hydrocodone, cyclobenzaprine, as well as continued chiropractic rehabilitative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2 X 6: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on manual therapy and manipulation, page 58, states that elective/maintenance care is not medically necessary. This treatment request is for maintenance treatment when considering the patient's prior chiropractic maintenance as well as the chronicity of this injury. The records do not provide rationale as to why elective/maintenance treatment would be indicated. This request is not medically necessary.

#60, CYCLOBENZAPRINE 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine Page(s): 63.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on muscle relaxants states regarding cyclobenzaprine that this is recommended only for a short course of therapy and not for chronic use. The medical records do not provide an alternate rationale as an exception to this guideline. This request is not medically necessary.

#120, HYDROCODONE/APAP 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management, recommending "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." These 4 A's of opioid management have not been met in this case. The functional benefit of opioids and the rationale or indication for chronic opioid use in this case is not apparent. This request is not medically necessary.

#90 NORCO 10/325MG-: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management, recommending "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." These 4 A's of opioid management have not been met in this case. The functional benefit of opioids and the rationale or indication for chronic opioid use in this case is not apparent. This request is not medically necessary.