

Case Number:	CM14-0021422		
Date Assigned:	05/07/2014	Date of Injury:	11/12/1990
Decision Date:	08/04/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/20/2014

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 Occupational Medicine 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 patient is a 56-year-old female who has submitted a claim for chronic pain syndrome, low back pain, radiculopathy, thoracic or lumbosacral myalgia and myositis, unspecified sprains and strains of sacroiliac region, and lumbar degenerative disc disease, associated with an industrial injury date of November 12, 1990. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of persistent back pain which radiated to the right arm, left calf and right calf. Physical examination revealed an antalgic gait. There was tenderness over the sacroiliac joint, sacrum and paraspinal muscles. Lumbar range of motion was restricted with flexion at 30 degrees, extension at 0 degrees, right rotation to 20 degrees, left rotation to 30 degrees, right lateral flexion to 5 degrees and left lateral flexion to 15 degrees. Muscle strength was normal. Treatment to date has included a TENS unit, physical therapy, medial branch nerve block, steroid injections, chiropractic treatment, and medications, which include Butrans patch, Motrin 800mg, Tramadol 50mg, Flexeril 10mg, and Neurontin 300mg. Utilization review from January 20, 2014 denied the request for additional chiropractic therapy x 10 sessions because the patient already has had at least two courses of chiropractic treatment. There was no indication of ongoing home exercise program and no documentation of what the patient cannot do on her own for exercise. The request for Butran 20 mcg/hr was also denied because a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY X 10 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61, 82-88.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines 792.24.2, Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Manipulation.

Decision rationale: According to page 173 of the CA MTUS ACOEM Guidelines, cervical manipulation may be an option for patients with neck pain or cervicogenic headache but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. According to page 58 of the CA MTUS Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation is recommended as an option for low back pain and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks is supported. However, elective or maintenance care is not medically necessary. In this case, the patient has already completed an unspecified number of chiropractic therapy sessions previously. Although there were descriptions of the procedures done, there was no documentation of objective evidence such as decrease in pain score, improvement in functionality with activities of daily living and decrease in medication use following treatment sessions. It is also not clear whether the number of previous sessions exceeded the recommended number of visits given the lack of documentation. Request also failed to specify body part/s to be addressed by treatment. Additional information is necessary at this time. Therefore, the request for Chiropractic Therapy X 10 sessions is not medically necessary.

BUTRAN 20 MCG/HOUR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27-8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Buprenorphine.

Decision rationale: According to pages 26-27 of the CA MTUS Chronic Pain Medical Treatment Guidelines, buprenorphine is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, patient has been on Butrans patch since 7/18/13. Recent progress reports did not document objective measures of analgesia and functional gains attributed with Butrans patch use. In addition, this medication is indicated for opiate addiction which patient does not currently have and which documents provide no evidence of. Furthermore, the present request did not indicate the number to be dispensed. Therefore, the request for Butran 20mcg/hr is not medically necessary.

