

Case Number:	CM14-0025786		
Date Assigned:	06/04/2014	Date of Injury:	08/29/2010
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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 Nevada. 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 employee is a 36-year-old male who sustained a work-related injury on August 29, 2010. The most recent note in the attached medical records dated December 4, 2013. It was stated that at this time the injured employee has a history of chronic low back pain. The physical examination on this date noted tenderness along the left side of the lumbar per vertebral muscles at the L4-L5 region and decreased lumbar range of motion. Current medications were stated to include cyclobenzaprine, Naproxen and Vicodin. A utilization management review, dated January 31, 2014, modified a request for tramadol from 90 tablets to 60 tablets and modified a request for urine drug testing from quarterly to random.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THREE TIMES PER WEEK FOR TWO WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that chiropractic and manual therapy care is not indicated for maintenance of back pain. While the injured employee's

medical record note, dated January 22, 2014, states that there was previous improvement with chiropractic's and physical therapy, there is no mention that there is a specific flareup of the individual's back pain at that time. Therefore the request is not medically necessary.

REFERRAL TO PAIN MANAGEMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Introduction Page(s): 1.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states, that if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. If the patient continues to have pain, that persists beyond the anticipated time of healing, without plans for curative treatment, such as surgical options, the chronic pain medical treatment guidelines apply. The medical record does not seem to state that there is any doubt regarding the diagnosis of the injured employee, and therefore guidance according to the chronic pain medical treatment guidance should be followed. This request for pain management referral is not medically necessary.

RANDOM DRUG TEST ONE TIME: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), drug testing Page(s): 43.

Decision rationale: The injured employees taking an opioid medication, episodic drug screen is medically reasonable and necessary based on Chronic Pain Medical Treatment Guidelines. Specifically this request for a one-time urine drug screen is medically necessary.

TRAMADOL 50 MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central Acting Analgesics Page(s): 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: The injured employee has had symptoms for nearly 4 years and requires chronic pain control, it is medically reasonable to continue to dispense Tramadol with 90 tablets for episodic use of pain control based on Chronic Pain Medical Treatment Guidelines. This request for tramadol is medically necessary.