

Case Number:	CM14-0039380		
Date Assigned:	06/27/2014	Date of Injury:	07/02/2008
Decision Date:	07/28/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/03/2014

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:

This patient sustained an injury on 7/2/08 while at work. Documentation dated 1/23/14 notes the patient complains of neck, mid/upper back, bilateral shoulder, and knee pain. The exam showed Cervical spine with tenderness and spasm; Restricted range of motion with positive cervical compression test; Thoracic spine with tenderness; Lumbar spine with tenderness and restricted range of motion; as well as shoulders/arms/wrists/hands with tenderness. Diagnoses include Cervical spine strain/sprain/discogenic disease; Thoracic spine sprain/strain; Lumbar spine sprain/strain; Bilateral shoulders/wrists sprain/strain; Bilateral carpal tunnel syndrome (CTS); and bilateral knee strain/sprain. Treatment included additional chiropractic care and medication refills. The patient completed 13 chiropractic sessions recently, for a total of 36 sessions to date. Requests for Tramadol 50mg #60 was modified for #60 without refills, and chiropractic care two times a week for four weeks was non-certified on 3/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with improvement in daily activities, or a decrease in medical utilization or change in work status. Additionally, there is no evidence of random drug testing or utilization of a pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Based on the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continued use of opioids with persistent severe pain. The request is not medically necessary and appropriate.

Chiropractic two times a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: MTUS Guidelines support chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Per the medical records reviewed, the patient has received a significant quantity of chiropractic manipulation sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guideline criteria. The request is not medically necessary and appropriate.