

Case Number:	CM14-0048608		
Date Assigned:	06/25/2014	Date of Injury:	06/22/2011
Decision Date:	07/31/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/28/2014

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 Pain Management, has a subspecialty in Pain 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 injured worker is a 50-year-old male with a date of injury of June 22, 2011. The patient has pain in the left upper extremity, left shoulder, right knee, and cervical spine. The patient has documentation of prior right knee meniscectomy and chondroplasty on November 18, 2011. The patient has also underwent left shoulder arthroscopic subacromial decompression and glenohumeral joint agreement on April 2, 2012. An MRI of the cervical spine demonstrated moderate to severe narrowing of the left neural foramina at C6 - 7. The disputed requests in this case include a prescription for MS Contin 30 mg for 120 tablets, Zanaflex, and 6 manipulation sessions with a chiropractor. With regard to chiropractic manipulation, the patient was treated with chiropractic manipulation since at least July 11, 2013. There was no overall quantifiable functional improvement related to chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Opioid Criteria Section>, page(s) 76-80 Page(s): 76-80.

Decision rationale: The recent progress notes submitted reviewed were pursued for documentation of functional benefit. The guidelines require documentation of functional benefit as well as monitoring for aberrant behaviors. The progress notes such as those dated December 3, 2013, January 20, 2014, and December 4, 2013 appeal letter were reviewed. The patient has documentation of pain scores decreasing from 6 to 8 out of 10 to 4 to 5 out of 10 with use of medications to how her there is not clear documentation of monitoring for aberrant behaviors. Furthermore, the MS Contin is a long-acting medication and is FDA approved for twice daily dosing, rather than 4 times per day. This request is not medically necessary.

Zanaflex 4mg #60: 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 Section>, page(s) 60-66 Page(s): 60-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on pages 63-64 states the following regarding muscle relaxants, its recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence (Homik, 2004). Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. For the Zanaflex, the reviewer specified that guidelines do not recommend long-term use of muscle relaxants, and the documentation reveals that the patient has been on Zanaflex since July 11, 2012. In the case of this injured worker, the long-term use of Zanaflex is not in accordance with guidelines which recommend short-term use. Furthermore, use is restricted to occasions where there is an acute exacerbation of chronic pain. The physical examination does demonstrate tenderness in the left paraspinal muscles, but does not state that the muscles are spastic appearing. For these reasons this request is not medically necessary.

SIX (6) Chiropractic Manipulation Sessions for the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Chiropractic Section>, page(s) 58-60 Page(s): 58-60.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state on pages 58-60 the following regarding manual therapy and manipulation, is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back, is recommended as an option. Therapeutic care, trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. Recurrences/flare-ups, need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. With regard to chiropractic manipulation, the patient was treated with chiropractic manipulation since at least July 11, 2013. There was no overall quantifiable functional improvement related to chiropractic treatment. The medical record indicates that the patient had previous chiropractic therapy. There is an appeal letter on date of service December 4, 2013 in which the requesting healthcare provider specifies that previous chiropractic care in the neck reduce pain, and improve cervical flexion and extension. If the patient still has residual pain down the left arm which a cervical epidural steroid injection was performed. Thus the requesting provider is noting for the record that previous chiropractic therapy was beneficial, and this request is recommended as medically necessary at this time.