

Case Number:	CM14-0050954		
Date Assigned:	07/07/2014	Date of Injury:	05/06/2009
Decision Date:	08/25/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/18/2014

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 Emergency 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 42 year-old male, who sustained an injury on May 6, 2009. The mechanism of injury is not noted. Diagnostics are not noted. Treatments have included: medications, chiropractic, aquatic therapy, acupuncture. The current diagnoses are: lumbar sprain/strain; left knee strain/sprain; bilateral ankle/foot strain/sprain; cervical strain/sprain; chronic pain related insomnia. The stated purpose of the request for Norflex 100mg #90 was to provide treatment for muscle spasms. The request for Norflex 100mg #90 was denied on March 14, 2014, noting guideline recommendations against long-term use of muscle relaxants due to decreasing efficacy and risk of dependence with long-term use and no preferential benefit beyond NSAID's in terms of pain relief. This medication had been prescribed continuously since August 2012. The stated purpose of the request for Six (6) sessions of chiropractic care with spinal decompression, was not noted. The request for Six (6) sessions of chiropractic care with spinal decompression, was denied on March 14, 2014, citing a lack of documentation of pain relief or functional improvement from previously completed chiropractic sessions. Per the report dated March 10, 2014, the treating physician noted complaints of an exacerbation of left-sided low back pain with radiation to the left lower extremity. There were no physical exam findings noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66 Page(s): 63-66.

Decision rationale: The requested Norflex 100mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has complaints of left-sided low back pain with radiation to the left lower extremity. The injured worker had been prescribed this medication for at least six months. The treating physician did not document muscle spasms on physical exam, intolerance to NSAID treatment no objective evidence of derived functional improvement from its previous long-term use. The criteria noted above not having been met, Norflex 100mg #90 is not medically necessary.

Six (6) sessions of chiropractic care with spinal decompression: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59 Page(s): 58-59.

Decision rationale: The requested Six (6) sessions of chiropractic care with spinal decompression, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has complaints of left-sided low back pain with radiation to the left lower extremity. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, Six (6) sessions of chiropractic care with spinal decompression, is not medically necessary.