

Case Number:	CM14-0080726		
Date Assigned:	07/18/2014	Date of Injury:	10/24/2008
Decision Date:	09/24/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/02/2014

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 worker is a 68 year-old male who was reportedly injured on October 24, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 1, 2014, indicates that there are ongoing complaints of neck, right shoulder, right wrist and low back pain. The physical examination demonstrated a limited range of motion of both the cervical spine and lumbar spine. There is tenderness to palpation of cervical spine and cervical mild spasms are reported. A restricted range of motion of the shoulders is also noted. Myospasms are identified in the lumbar spine. Diagnostic imaging studies were not presented for review. Previous treatment includes knee arthroscopy, totally arthroplasty, and pain management interventions a request had been made for chiropractic care and medications and was not certified in the pre-authorization process on May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic treatment session for the lumbar spine: 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 Page(s): 58-59 of 127.

Decision rationale: When noting the date of injury, the injury sustained, the multiple surgical interventions completed as well as the findings on physical examination tempered by the parameters outlined in the California Medical Treatment Utilization Schedule there is no clear clinical indication presented for additional chiropractic care this time. As outlined in the California Medical Treatment Utilization Schedule, chiropractic is an option for the treatment of low back pain. However, the efficacy has to be established and based on the date of injury and the current physical findings this is not medically necessary.

Cyclobenzaprine Hcl 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, it is clear that the indication of this medication is for indefinite, long-term and based on the physical examination does not yield any efficacy or utility. The guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. This medication can also be used to address gastric complaints. However, the progress notes did not indicate there are any abdominal complaints, issues with gastritis, problems with the side effects of the medications being prescribed. As such, the clinical parameters noted in the guidelines for the use of this medication are not met. Therefore, the medical necessity for this medication is not established.