

Case Number:	CM14-0083130		
Date Assigned:	07/21/2014	Date of Injury:	06/24/2001
Decision Date:	09/22/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/04/2014

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 Illinois. 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 39-year-old male who reported an injury on 06/24/2001. The mechanism of injury reportedly occurred when he was working as a security guard and had tackled a shoplifter to the ground. In the course of the struggle with the shoplifter he injured his lumbar spine. The diagnoses include lumbago, lumbar facet joint pain, sacroiliac joint pain, lumbar neuritis, and chronic pain syndrome. Diagnostic studies were not provided. Surgical history included left arm surgery. Medications included hydrocodone/APAP 7.5/325 one tablet every 6 hours as needed for pain, cyclobenzaprine 10 mg 1 tablet every 8 hours, gabapentin 300 mg 1 tablet every 8 hours, amitriptyline 50 mg 1 tablet at bedtime, omeprazole 20 mg 1 tablet every 12 hours, and compounded transdermal analgesic creams. On 07/10/2014, the injured worker was seen for lumbar spine pain that radiated to the bilateral lower extremities. He is stable on current medications. No current opioid issues. Medications are effective in reducing his pain by 50% when he uses them as directed. They allow him to be functional in activities of daily living. Urine toxicology has been appropriate. There was an updated opioid contract with the injured worker. Opiate counseling and the rule of one policy had been accepted. The injured worker is receiving chiropractic care. The injured worker underwent bilateral L4-5 and L5-S1 facet joint medial branch blocks on 08/21/2013 without relief of his lumbar spine pain. The injured worker rated the intensity of pain at a 2 to 4/10. The lumbar orthopedic tests included positive Kemp's, Patrick's, jump, and Minor sign. His pain was aching, tingling, heavy, severe, stabbing, shooting, tight, annoying, numbing, cramping, and burning. Upon exam of the lumbar spine, there was diffuse bilateral paravertebral tenderness. The bilateral L3-4, L4-5 was mildly tender and L5-S1 facet joints were very tender. The bilateral sacroiliac joints were tender. Recommendations are continue with medications, rule of one and medication counseling discussed, opiate contract signed, CURES and UA obtained, a course of 6 visits of chiropractic therapy, lumbar spine MRI,

and injection request for lumbar epidural injection to L4-5 and L5-S1. The request is for Norco 10/325 mg #120 and 6 chiropractic manipulation sessions. The Requests for Authorization were dated 05/27/2014 and 08/08/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation University of Michigan Health System 2011, January pg 36.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids Page(s): 78.

Decision rationale: The injured worker has a history of back pain. The California MTUS guidelines state that Norco/ hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Guidelines do not recommend long term use due to adverse reactions and side effects. Continued use is not recommended unless there is documented evidence of objective pain and functional improvement. The injured worker continued to have symptoms of chronic back pain that was radiating into his lower extremities despite medications. There is a lack of documentation of evidence of functional improvement. There is a lack of documentation as to the frequency of said medication. As such, the request is not medically necessary.

6 Chiropractic manipulation sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The injured worker has a history of back pain. The CA MTUS guidelines recommend manual therapy 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. Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The injured worker has received chiropractic care in the past. There is a lack of

documentation of improvement from previous manual therapy. The patient had not returned to work. There is a lack of medical necessity for chiropractic care at this time. As such, the request is not medically necessary.