

Case Number:	CM14-0205304		
Date Assigned:	12/17/2014	Date of Injury:	12/10/2013
Decision Date:	02/06/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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:

The injured worker is a 71-year-old female who reported injuries due to attempting to lift a heavy patient on 12/10/2013. On 12/09/2014, her diagnoses included myofascial pain, right rotator cuff syndrome, cervicgia/neck pain, thoracic sprain/strain, and lumbar sprain/strain. Her complaints included upper, mid, and lower back pain, and right shoulder pain. She described her back pain as intermittent, which increased with activity and occasionally radiated to the right shoulder and right clavicle. She also complained of frequent headaches. Her low back pain radiated to her right lower extremity with numbness and tingling. She rated her overall pain at 6/10. Her medications included ibuprofen 200 mg, diclofenac ER 100 mg, cyclobenzaprine 7.5 mg, and omeprazole 20 mg. She was also using a TENS unit, which she found helpful for pain control. She had undergone acupuncture treatments, which she found to be of some benefit. She had also partaken in 12 sessions of physical therapy, which she found to be of little benefit. She had chiropractic treatment for her right shoulder, which aggravated her pain. She had tenderness to palpation of the right paraspinal muscles throughout her back. The rationale for the requested chiropractic treatments was for decreased range of motion, muscle weakness, decreased lifting capacity, and decreased ability to sit, stand, and walk. The cyclobenzaprine was prescribed because she was having difficulty staying asleep. A Request for Authorization dated 11/13/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment; twelve (12) visits, cervical, thoracic and lumbar; twelve (12) sessions: 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 Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The request for chiropractic treatment; twelve (12) visits, cervical, thoracic and lumbar; twelve (12) sessions is not medically necessary. The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. 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. For the low back, it is recommended as an option with a trial of 6 visits over 2 weeks. With evidence of objective functional improvement, the treatments can be extended. The guideline treatment parameters note that effects should be seen in 4 to 6 treatments with a frequency of 1 to 2 times per week for the first 2 weeks. The requested 12 visits exceed the recommendations in the guidelines. Her previous chiropractic treatments increased her pain. Additionally, there was no time frame included in the request. Therefore, this request for chiropractic treatment; twelve (12) visits, cervical, thoracic and lumbar; twelve (12) sessions is not medically necessary.

Cyclobenzaprine 7.5mg #90: 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 Page(s): 63-66.

Decision rationale: The request for cyclobenzaprine 7.5mg #90 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs, and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. It has been noted in the submitted documentation that this injured worker has been using cyclobenzaprine for approximately 2 months, which exceeds the recommendations in the guidelines. Cyclobenzaprine is not FDA approved to improve sleep quality. Additionally, there was no frequency of administration included in the request. Therefore, this request for cyclobenzaprine 7.5mg #90 is not medically necessary.

