

Case Number:	CM14-0206974		
Date Assigned:	12/18/2014	Date of Injury:	01/10/2011
Decision Date:	02/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal Medicine, has a subspecialty in Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 1/10/11. She was seen by her orthopedic physician on 12/8/14 with 5/10 left and right shoulder pain, 5/10 cervical pain with upper extremity symptoms and 5/10 low back pain with left > right lower extremity symptoms. Her medications included hydrocodone and cyclobenzaprine. Her exam showed tenderness to the cervical and lumbar spine with range of motion limited by pain. She was neurologically unchanged and had positive straight leg raises. Her diagnoses were status post left arthroscopic subacromial decompression 2/13, cervical spondylosis and thoracic/lumbar myofascial pain. At issue in this review is the request for chiropractic treatment for the cervical and lumbar spine, cyclobenzaprine and hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment cervical and lumbar spine 3 times 4: 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.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2011. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics and muscle relaxants. Per the guidelines, chiropractic or manual therapy is recommended 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. Maximum duration is said to be 8 weeks and care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this injured worker, chiropractic care provided relief temporarily and then the pain returned. The records do not indicate that the worker is not able to return to productive activities or that the worker is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of chiropractic therapy.

Cyclobenzaprine 7.5mg #90 1 po TID pm: 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 Page(s): 63-66.

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 12/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify use. The medical necessity of cyclobenzaprine is not substantiated in the records.

Hydrocodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids, criteria for use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 12/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to hydrocodone to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of hydrocodone is not substantiated in the records.

