MAXIMUS Federal Services

Case Number:	CM15-0001265		
Date Assigned:	01/12/2015	Date of Injury:	11/15/2013
Decision Date:	03/06/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 33 year old female, who sustained an industrial injury on November 15, 2013. She has reported pain in her neck radiating to her shoulder blades, arms and hands. The diagnoses have included tendinitis, bilateral wrists with possible carpal tunnel syndrome; lumbar sprain/strain and clinical lumbosacral radiculopathy. Treatment to date has included medications and chiropractic therapy. Currently, the injured worker complains of persistent pain, stiffness, tingling, numbness and weakness of both wrists and hands and of ongoing pain stiffness to the low back radiating to the legs. On December 12, 2014 Utilization Review non-certified a request for continued chiropractic therapy 2 x week for six weeks; tramadol 50 mg #60; and Zanaflex 4 mg #60 noting the Tramadol and the Zanaflex should be weaned , but with regard to the request for Chiropractic therapy there was no documentation of functional improvement. The California Chronic Pain Treatment Guidelines were cited. On January 5, 2015, the injured worker submitted an application for IMR for review of continued chiropractic therapy 2 x week for six weeks and tramadol 50 mg #60 and Zanaflex 4 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued chiropractic treatment 2 x a week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation;Physical Medicine Page(s): 58-59; 98-99.

Decision rationale: The injured worker sustained a work related injury on November 15, 2013. The medical records provided indicate the diagnosis of tendinitis, bilateral wrists with possible carpal tunnel syndrome; lumbar sprain/strain and clinical lumbosacral radiculopathy. Treatment to date has included medications and chiropractic therapy.The medical records provided for review do not indicate a medical necessity for continued chiropractic treatment 2 x a week x 6 weeks. The MTUS does not recommend manual therapy & manipulation for the Carpal tunnel syndrome, and conditions involving the Forearm, Wrist, & Hand. For the low back, the MTUS recommends as an option a trail of 6 visits for therapeutic cares over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. However, the MTUS recommends use of the physical Medicine Guidelines for active treatment if active treatment is the desired chiropractic method. The physical Medicine guidelines recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine, for a total of 10 visits over 8 weeks for myositis; 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, unspecified.Therefore, whether active or passive chiropractic care is employed the injured worker has exceeded the recommended number of visits as she has had 19 visits.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Therapeutic Trial of Opioids; Weaning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on November 15, 2013. The medical records provided indicate the diagnosis of tendinitis, bilateral wrists with possible carpal tunnel syndrome; lumbar sprain/strain and clinical lumbosacral radiculopathy. Treatment to date has included medications and chiropractic therapy.The medical records provided for review do not indicate a medical necessity for Tramadol 50mg #60. The MTUS does long term use of beyond 70 days due to lack of studies justifying such long term use. The records indicate she was started on Norco in 07/2014, and Tramadol on 08/2014. The record does not indicate her pain severity or that she has required less need for medications.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Antispasticity / Antispasmodic Drugs,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The injured worker sustained a work related injury on November 15, 2013. The medical records provided indicate the diagnosis of tendinitis, bilateral wrists with possible carpal tunnel syndrome; lumbar sprain/strain and clinical lumbosacral radiculopathy. Treatment to date has included medications and chiropractic therapy.The medical records provided for review do not indicate a medical necessity for Zanaflex 4mg #60. She has been using this medication since 08/2014; the records reviewed do not indicate she is being monitored for liver function test. The MTUS recommends the muscle relaxants for short term use; but specifically for Zanaflex (Tizanidine), recommends liver function testing at baseline, 1, 3, and 6 months, due to the risk of Hepatoxicity. The requested treatment is not medically necessary and appropriate.