

Case Number:	CM15-0161283		
Date Assigned:	08/28/2015	Date of Injury:	04/22/2014
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/18/2015

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: Arizona, Michigan

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 30-year-old male, who sustained an industrial injury on 4-22-14. He reported a headache and neck pain following a motor vehicle accident. The injured worker was diagnosed as having headache, cervical spine disc protrusion, cervical spine radiculopathy and thoracic spine sprain-strain. Treatment to date has included chiropractic therapy, cervical epidural injections, topical medications including Terocin patch, Flurbi cream and Gabacyclotram 180mg and activity modifications. (MRI) magnetic resonance imaging of cervical spine performed on 6-9-14 revealed mild multilevel circumferentially bulging discs, uncovertebral osteophytosis and facet hypertrophy resulting in mild right neural foraminal narrowing at C3-4, unchanged from previous study. Currently on 7-8-15, the injured worker complains of constant headaches rated 9 out of 10, constant neck pain with radiation to upper extremities with numbness and tingling in arms rated 9 out of 10 and constant mid back pain rated 9 out of 10. He is temporarily totally disabled. Physical exam performed on 7-8-15 revealed restricted range of motion of cervical spine and lateral spine. The treatment plan included 8 additional sessions of chiropractic manipulation, prescriptions for Soma 350mg #30, Senna 8.6-50mg #60 and Norco 10-325mg #60; urine drug screen and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS, Norco 10-325mg (Hydrocodone-Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit, documentation of pain relief or duration of pain relief. The injured worker has received Norco since at least 2-19-15. He is temporally totally disabled. A urine drug screen was performed on 4-29-15. Medical necessity of the requested item has not been established. The requested medication is not medically necessary.

Soma 350 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol) Page(s): 29, 63.

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case, it is not recommended for greater than 2 to 3 weeks. This medication is sedating. No reports show any specific and significant improvements in pain or function because of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. The injured worker has utilized Soma since at least 2-19-15. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Senna 8.6/50 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid induced constipation, and pain.

Decision rationale: Opioid-Induced Constipation (OIC) is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. Senna is used in alternative medicine as an aid to relieve-treat occasional constipation. According

to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, with non-approval of opioid use, the medical necessity of Senna has not been established. The requested medication is not medically necessary.

Chiropractic therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: CA MTUS guidelines cervical manipulation is an option for cervicogenic headache or neck pain when used with functional restoration; there is insufficient evidence to support manipulation for radiculopathy. Chiropractic treatment was requested 2 times a week for 4 weeks. The injured worker had previously received chiropractic treatment without documentation of objective or subjective functional gains. Guidelines recommend positive response prior to continuing chiropractic treatment. The request for chiropractic treatment 2 times a week for 4 weeks is not medically necessary.

Retro Urine drug screen with a dos of 7/14/2015: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 74-96.

Decision rationale: According to CA MTUS, steps to avoid misuse-addiction of opioids include these steps; frequent random urine toxicology screen, limitation of prescribing and filling of prescriptions to one pharmacy and signed opioid contracts. The injured worker had been prescribed opioids and the use of a urine drug screen is appropriate, therefore the request for Retro Urine drug screen with dos of 7/14/2015 is medically necessary.

Follow up visit in 4-6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: CA MTUS guidelines recommend follow up visits for patients with neck or upper back complaints with a physician when a release to modified, increased or full duty of work is needed or after an appreciable healing period. The follow up might be expected every four to seven days if the injured worker is off work and 7 to 14 days if the injured worker is working. In this case, the injured worker is temporarily totally disabled, therefore the request for follow up visit in 4-6 weeks is medically necessary.