

Case Number:	CM15-0162537		
Date Assigned:	08/28/2015	Date of Injury:	02/27/2007
Decision Date:	09/30/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male, who sustained an industrial injury on 02-27-2007. On provider visit dated 06-18-2015 the injured worker has reported chronic low back and leg pain. On examination the cervical spine tightness and tenderness to touch and with movement along cervical spine, flexion and extension was restricted and extension was restricted as well. Lumbar spine was noted as tenderness along lumbar spine, lateral bending was restricted. The diagnoses have included chronic low back pain. Treatment to date has included medication, heat, ice, rest and gentle stretching. The provider requested Chiropractic sessions x10, MS Contin and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions x10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, p58.

Decision rationale: The claimant has a remote history of a work-related injury in February 2007 and is being treated for chronic low back and leg pain. Medications are referenced as decreasing pain from 6/10 to 3/10 allowing for completion of activities of daily living. When seen, he was ambulating with a cane. There was lumbar tenderness with spasms and decreased range of motion. Left straight leg raising was positive. There was tenderness and tightness with thoracic motion. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of initial treatments being requested is in excess of the guideline recommendation and not medically necessary.

MS Contin 15mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work-related injury in February 2007 and is being treated for chronic low back and leg pain. Medications are referenced as decreasing pain from 6/10 to 3/10 allowing for completion of activities of daily living. When seen, he was ambulating with a cane. There was lumbar tenderness with spasms and decreased range of motion. Left straight leg raising was positive. There was tenderness and tightness with thoracic motion. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MS Contin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and allowing for performance of activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Cymbalta (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Serotonin and norepinephrine reuptake inhibitors SNRIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Duloxetine (Cymbalta), p43-44 (2) Introduction, p6-7. Decision based on Non-MTUS Citation Cymbalta prescribing information.

Decision rationale: The claimant has a remote history of a work-related injury in February 2007 and is being treated for chronic low back and leg pain. Medications are referenced as decreasing

pain from 6/10 to 3/10 allowing for completion of activities of daily living. When seen, he was ambulating with a cane. There was lumbar tenderness with spasms and decreased range of motion. Left straight leg raising was positive. There was tenderness and tightness with thoracic motion. Guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. In terms of Cymbalta (duloxetine), it can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. In this case, the dose is not specified and, therefore, the request being reviewed cannot be accepted as being medically necessary.