MAXIMUS Federal Services

Case Number:	CM15-0185933		
Date Assigned:	09/28/2015	Date of Injury:	05/29/2014
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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: California
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 47 year old female who sustained an industrial injury on 05/29/2014. Medical records (07-07-2015 through 08-17-2015) indicate the worker was treated for neck, back, shoulder, and knee pain. Her diagnoses included cervical musculoligamentous sprain-strain with right upper extremity radiculitis; thoracic and lumbar musculoligamentous sprain-strain; bilateral sacroiliac joint sprain; bilateral shoulder periscapular myofascial strain, bilateral knee patella femoral arthralgia with possible internal derangement. Treatments rendered include medications (Zanaflex and Prilosec), chiropractic care (6 sessions) and physical therapy. On exam, the worker has no evidence of shoulder un-leveling or antalgic tilt. She has tenderness to palpation of the cervical paravertebral musculature and upper trapezius muscles along with presence of upper trapezius myofascial trigger points right side greater than left. The thoracolumbar spine is symmetric with no obvious deformity. There is tenderness to palpation with associated slight hypertonicity - muscle guarding present over the mid and lower thoracic paravertebral musculature. Tenderness to palpation is also present over the spinous process of L4-S1 as well as over the sacroiliac joints, left side greater than right. Bilateral shoulders have tenderness to palpation with slight hyper tonicity over the posterior periscapular musculature. Cross arm test is negative. In the provider notes of 08-17-2015, the worker continued to complain of the same areas of pain. There appears to be no documentation of significant improvement with treatment. The progress notes are difficult to read. The treatment plan is for continued chiropractic care and medications. A request for authorization was submitted for Chiropractic x 6, Zanaflex 2mg #120, and Axid 150mg #60. A utilization review decision 08/27/2015 non-certified the requests in their entirety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect 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. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Elective or maintenance care is not recommended. Recurrences or flare-ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months are reasonable. In this case, the injured worker was recently approved for 12 sessions of chiropractic therapy. There is no evidence of objective functional gains with these 12 sessions; therefore, the request for chiropractic x 6 is determined to not be medically necessary.

Zanaflex 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Zanaflex is FDA approved for the management of spasticity. The use of muscle relaxants for pain is recommended with caution as a second-line option for short term treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. In this case, the injured worker is being prescribed Zanaflex in a chronic nature without objective documentation of functional improvement. This medication is not supported for long-term use, therefore, the request for Zanaflex 2mg #120 is determined to not be medically necessary.

Axid 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medications for subacute & chronic pain; NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitors, such as Axil are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs Additionally, there is no evidence that the injured worker is currently being prescribed NSAIDs, therefore, the request for Axid 150mg #60 is determined to not be medically necessary.