MAXIMUS Federal Services

Case Number:	CM15-0194540		
Date Assigned:	10/08/2015	Date of Injury:	03/19/2012
Decision Date:	11/19/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/03/2015

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: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on March 19, 2012, incurring upper, mid and low back injuries. He was diagnosed with thoracic and lumbar strain, spondylolisthesis and a cervical sprain. Treatment included pain medications, anti-inflammatory drugs, chiropractic sessions, physical therapy and activity restrictions. Currently, the injured worker complained of mid and low back pain rated 10 out of 10 without medications and decreased to 8 out of 10 after taking medications. He noted increased muscle spasms and throbbing pain and tightness, tingling and numbness of his back interfering with his activities of daily living including stair climbing, grooming, cleaning, cooking, carrying groceries, yard work and repetitive motions. With the use of pain medications, his functional mobility improved and decreased his ongoing pain. The treatment plan that was requested for authorization on October 3, 2015, included a prescription for Norco 10-325 mg #90 and six chiropractic sessions inclusive of massage. On October 1, 2015, a request for a prescription for Norco #90 and chiropractic sessions was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with low back pain radiating into the bilateral lower extremities. The request is for Norco 10/325MG #90. Physical examination to the lumbar spine on 07/13/15 revealed tenderness to palpation with spasm. Per Request for Authorization form dated 09/15/15, patient's diagnosis include thoracic sprain/strain, lumbar sprain/strain, spondylolisthesis, and sub-acute cervical sprain/strain. Patient's medications, per 07/13/15 Request for Authorization include Norco and Robaxin. Per 09/15/15 progress report, patient is temporarily totally disabled and is to remain off-work until 10/09/15. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The treater has not specifically discussed this request. Review of the medical records provided indicates that the patient has been utilizing Norco since at least 04/16/15. However, there are no discussions in regards to Norco's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. While UDS test results are current and consistent with patient's medication, there are no discussions on CURES, and no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.

Chiropractic Physical Rehabilitation Inclusive of Massage x 6 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The patient presents with low back pain radiating into the bilateral lower extremities. The request is for chiropractic physical rehabilitation inclusive of massage x 6 visits. Physical examination to the lumbar spine on 07/13/15 revealed tenderness to palpation with spasm. Per Request for Authorization form dated 09/15/15, patient's diagnosis include thoracic sprain/strain, lumbar sprain/strain, spondylolisthesis, and sub-acute cervical sprain/strain. Patient's medications, per 07/13/15 Request for Authorization include Norco and Robaxin. Per 09/15/15 progress report, patient is temporarily totally disabled and is to remain off-work until 10/09/15. MTUS Chronic Pain Medical Treatment Guidelines, pages 58-59, Manual Therapy & Manipulation section recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater has not specifically discussed this request. Review of the medical records does not indicate prior chiropractic treatment. The patient suffers from low back pain radiating to bilateral lower extremities. Given the patient's condition, a short course of chiropractic treatment would be appropriate. MTUS allows a trial of 6 visits over 2 weeks. This request appears to be reasonable and within guideline recommendations. Therefore, the request IS medically necessary.