

Case Number:	CM15-0205606		
Date Assigned:	10/22/2015	Date of Injury:	10/26/2007
Decision Date:	12/03/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/20/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year old man sustained an industrial injury on 10-28-2007. Diagnoses include lumbar discogenic disease with radiculitis, chronic low back pain, and left ankle strain. Treatment has included oral medications. Physician notes dated 8-20-2015 show complaints of chronic low back pain. The physical examination shows "decreased" range of motion of the lumbar spine with muscle spasms and pain. Straight leg raise is mildly positive on the left and tenderness to palpation is noted over the facet joints. Recommendations include refills of Norflex, Norco, and Klonopin, chiropractic care, and follow up in six weeks. Utilization Review denied requests for Norflex and Klonopin and modified a request for chiropractic care on 10-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg quantity 60: Upheld

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

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, although it was repeatedly reported that with the collective use of multiple medications (Norco, Klonopin, Norflex) there was measurable pain reduction. However, there was insufficient reporting found on how effective the Norflex was at improving function, independent of the other medications. Regardless, this medication class is not recommended for long-term use, and there was insufficient convincing evidence to suggest this case is an exception to the Guideline's recommendations. Therefore, this request for Norflex will be considered medically not necessary.

Klonopin 1mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, although it was repeatedly reported that with the collective use of multiple medications (Norco, Klonopin, Norflex) there was measurable pain reduction. However, there was insufficient reporting found on how effective the Klonopin was at improving function, independent of the other medications. Regardless, this medication class is not recommended for long-term use, and there was insufficient convincing evidence to suggest this case is an exception to the Guideline's recommendations. Therefore, this request for Klonopin will be considered medically not necessary. Weaning may be indicated.

Chiropractic treatment to lumbar spine quantity 12: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an

additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, there was no found evidence of previous visits with a chiropractor for the injury in 2007. If this is a repeat request, then insufficient reporting was found to show clear benefit from prior manipulation sessions. If this is a first time request for manipulation, then the request for 12 sessions is more than medically necessary as up to 6 sessions should be sufficient to discover if it is helping improve function. Therefore, this request will be considered medically not necessary.