

Case Number:	CM15-0023327		
Date Assigned:	02/12/2015	Date of Injury:	09/09/1998
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 57 year old male, who sustained an industrial injury on September 9, 1998. He has reported lower back pain. The diagnoses have included displacement of disc without myelopathy, chronic pain syndrome, lumbar spine facet joint pain, lumbar spine degenerative disc disease, lower back pain, lumbar spine strain, and numbness. Treatment to date has included medications, chiropractic, transcutaneous electrical nerve stimulation unit, H wave unit, heat, ice, and injections. A progress note dated October 8, 2014 indicates a chief complaint of continued lower back pain. Physical examination showed sacroiliac joint tenderness on the left, lumbar spine tenderness, and increased pain for range of motion. The treating physician is requesting chiropractic treatment for the lumbar spine once a month for six months, and prescriptions for two zohydro ER, and Celebrex. On January 27, 2015 Utilization Review denied the request citing the Official Disability Guidelines and non-California Medical Treatment Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two zohydro ER 30mg quantity 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 based on Non-MTUS Citation Pain, Opioids

Decision rationale: Zohydro is a brand name version of Hydrocodone. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco, which is also an opioid in excess of the recommended 2-week limit for opioids. As such, the question for Two zohydro ER 30mg quantity 60 is not medically necessary.

Celebrex 200mg quantity 40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex, NSAIDs Page(s): 22, 30, 70. Decision based on Non-MTUS Citation Pain, NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: Anti-inflammatory medications are the traditional first line treatment for pain, but COX-2 inhibitors (Celebrex) should be considered if the patient has risk of GI complications, according to MTUS. The medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications. Risk factors for GI bleeding according to ODG include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose or multiple NSAID (e.g., NSAID + low-dose ASA). The treating physicians note dated 6/16/2013 states The Celebrex should be discontinued because it is very effective for musculoskeletal problems but causes gastrointestinal side effects. While the treating physician notes some functional improvement, the treating physician does not fully detail a trial and failure of first line medications and does not fully detail the length of functional improvement and pain relief. As such, the request for Celebrex 200mg quantity 40 is not medically necessary.

Chiropractic treatments for the lumbar spine, 1 time per month for 6 months: 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 Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Chiropractic, Manipulation

Decision rationale: ODG recommends chiropractic treatment as an option for acute low back pain, but additionally clarifies that medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. Additionally, MTUS states Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective /maintenance care not medically necessary. Recurrences/flare-ups needs to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Medical documents indicate that patient has undergone chiropractic sessions, but the number of treatments attended is not detailed. The treating provider has not demonstrated evidence of objective and measurable functional improvement during or after the trial of therapeutic care to warrant continued treatment. As such, the request for Chiropractic treatments for the lumbar spine, 1 time per month for 6 months is not medically necessary.