MAXIMUS Federal Services

Case Number:	CM15-0026831		
Date Assigned:	02/19/2015	Date of Injury:	03/12/2008
Decision Date:	04/07/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/12/2015

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 50 year old female, who sustained an industrial injury on March 12, 2008. She has reported injury when a garage door fell on her head with observed loss of consciousness. The diagnoses have included multilevel disc herniations of lumbar spine for moderate neural foraminal narrowing, multilevel disc herniations of cervical spine with moderate stenosis, cervical radiculopathy, lumbar radiculopathy, dizziness and headaches. Treatment to date has included diagnostic studies, steroid injection and medications. She was noted to have an allergic reaction to steroid injections in the past. Currently, the injured worker complains of neck pain, back pain, right shoulder pain and headaches. Her headaches start in the neck area and radiate behind the head on the right side. She reported her headaches to be daily. Her neck pain radiates up across her neck on the spine and crosses to the right shoulder going into her head. She rated this pain as an 8 on a 1-10 pain scale. Her right shoulder pain was rated as an 8/10 on the pain scale. She stated that moving her shoulder makes her pain worse. Her low back pain is localized across the lower buttocks and radiates to her hips. On January 21, 2015, Utilization Review non-certified Norco 10/325mg #90, Ondansetron-Zofran 4mg #20 and Cyclobenzaprine-Flexeril 7.5 #60, noting the CA MTUS, non-MTUS and Official Disability Guidelines. Utilization Review modified a request for 8 chiropractic treatments for the neck and back to 6 treatments, noting the CA MTUS/ACOEM and Official Disability Guidelines. On February 12, 2015, the injured worker submitted an application for Independent Medical Review for review of 8 chiropractic treatments for the neck and back, Norco 10/325mg #90, Ondansetron- Zofran 4mg #20 and Cyclobenzaprine-Flexeril 7.5 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Flexeril 7.5 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with neck, back pain, and headaches. The treater is requesting CYCLOBENZAPRINE/FLEXERIL 7.5 #60. The RFA dated 10/29/2014 shows a request for #60 cyclobenzaprine 7.5 mg tablet. The patient's date of injury is from 03/12/2008 and she is currently permanent and stationary. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants, amitriptyline. This medication is not recommended to be used for longer than 2 to 3 weeks. The record showed that the patient was prescribed cyclobenzaprine on 10/29/2014. In this case, the long-term use of cyclobenzaprine is not supported by the MTUS Guidelines. The request IS NOT medically necessary.

Ondansetron-Zofran 4 MG #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter on ondansetron.

Decision rationale: This patient presents with neck, back pain, and headaches. The treater is REQUESTING ONDANSETRON -ZOFRAN 4 MG #20. The RFA dated 10/29/2014 shows a request for ondansetron 4 mg ODT. The patient's date of injury is from 03/12/2008 and she is currently permanent and stationary. The MTUS and ACOEM guidelines are silent with regards to this request. However, ODG guidelines under the pain chapter on ondansetron, Zofran- does not support anti-emetics for nausea and vomiting due to chronic opiates. Zofran is specifically recommended for nausea and vomiting secondary to chemotherapy and radiation treatment following surgery and for acute use of gastroenteritis. The 12/08/2014 report notes that the patient is experiencing nausea and vomiting. She has been prescribed ondansetron since 09/03/2014. The patient is not post-surgical and there is no documentation of chemotherapy or radiation treatments. In this case, ondansetron is only indicated for post-surgical nausea and vomiting and not for other nausea conditions. The request IS NOT medically necessary.

Norco 10/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: This patient presents with neck, back pain, and headaches. The treater is requesting NORCO 10/325 MG #90. The RFA dated 10/29/2014 shows a request for Norco 10/325 mg #90. The patient's date of injury is from 03/12/2008 and she is currently permanent and stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The records show that the patient was prescribed Norco prior to 09/03/2014. The 12/08/2014 report notes that the patient takes 2 to 3 Norco per day and she rates her pain 9/10 to 10/10 without medication use and 7/10 to 8/10 with medication use. The patient states that medications help her with the pain and allow increased levels of function. She denies any side effects with these medications. In this case, while the treater has noted before and after pain scales, there is no significant analgesia with medication use. There are no discussions about specific activities of daily living. There is no discussion regarding aberrant drug-seeking behaviors such as urine drug screen and CURES report to show adherence to prescribed medications. Given the lack of sufficient documentation noting medication efficacy for chronic opiate use, the patient should now be weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

8 Chiropractic Treatments for The Neck and Back: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: This patient presents with neck, back pain, and headaches. The treater is requesting 8 CHIROPRACTIC TREATMENTS FOR THE NECK AND BACK. The RFA dated 10/29/2014 shows a request for 8 visits of chiropractic treatment for neck and back. The patient's date of injury is from 03/12/2008 and she is currently permanent and stationary. The MTUS guidelines on Manual Therapy and Treatments on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits for a total of up to 24." The records do not show any chiropractic treatment reports. The patient does not have a history of

chiropractic treatments. In this case, a trial is supported and the request is within the guidelines. The request IS medically necessary.