

Case Number:	CM15-0027254		
Date Assigned:	02/19/2015	Date of Injury:	03/03/2014
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
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 29 year old male, who sustained an industrial injury on March 3, 2014. The diagnoses have included thoracic lumbosacral neuritis and enthesopathy hip region. A progress note dated January 15, 2015 provided the injured worker complains of low back and left hip pain not significantly improved since last visit. He reports physical therapy is completed and has had only minimal relief. Transcutaneous Electrical Nerve Stimulation (TENS) unit is effective. Physical exam notes spinal and hip tenderness on palpation. On January 30, 2015 utilization review modified a request for chiropractic treatment three times a week for four weeks for the low back and denied a request for Cyclobenzaprine 10 mg # 60 and Hydrocodone 5/325mg #60. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment three times a week for four weeks for the low back: Overturned

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

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

Decision rationale: This patient presents with chronic low back pain and left hip pain. The current request is for CHIROPRACTIC TREATMENT THREE TIMES A WEEK FOR FOUR WEEKS FOR THE LOW BACK. For manual therapy, the MTUS guidelines 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 Utilization review denied the request stating that guidelines only recommend a trial of 6 sessions. The medical reports provided for review does not discuss prior chiropractic treatment. In this case, given the patient's pain and objective finding, a trial of 12 sessions is in accordance with MTUS. This request IS medically necessary.

Cyclobenzaprine 10 mg # 60: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain and left hip pain. The current request is for CYCLOBENZAPRINE 10MG #60. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." The patient has been prescribed this medication since at least 12/8/14. MTUS Guidelines supports the use of cyclobenzaprine for short course of therapy not longer than 2 to 3 weeks. This request IS NOT medically necessary.

Hydrocodone 5/325 mg # 60: 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 Page(s): 76-78, 88-89.

Decision rationale: This patient presents with chronic low back pain and left hip pain. The current request is for HYDROCODONE 5/325 MG #60. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side

effects, and aberrant behavior. MTUS also requires 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. The patient has been prescribed Hydrocodone since at least 12/8/14. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.