

Case Number:	CM15-0217428		
Date Assigned:	11/09/2015	Date of Injury:	05/07/2015
Decision Date:	12/28/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

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, Hawaii

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 61 year old male who sustained an industrial injury on 5-7-15. A review of the medical records indicates he is undergoing treatment for status post blunt head injury, lumbar spine strain and sprain, status post lumbar spine disc protrusions with radiculopathy, left shoulder sprain and strain, tendinosis, and left upper extremity radiculitis, right wrist strain and sprain, rule out right wrist carpal tunnel syndrome, right knee strain and sprain, and rule out right knee meniscal tear. Medical records (7-15-15, 8-28-15, and 10-5-15) indicate ongoing complaints of low back pain, rating "6-7 out of 10", left shoulder pain, rating "5-6 out of 10", right knee pain, rating "3-6 out of 10", and pain and numbness in the right wrist, rating "2-6 out of 10". The 8-28-15 record indicates that the left shoulder pain radiates to the left arm with associated tingling. The physical exam (10-5-15) reveals tenderness to palpation over the lumbar paravertebral muscles. Range of motion of the lumbar spine is noted to be limited. The straight leg raise is positive bilaterally. The treating provider indicates that "palpable spasm" was noted on the last visit. No indication of spasm on the 10-15-15 exam is noted. Tenderness to palpation is noted in the left shoulder, which the provider indicates has "decreased" in comparison to the prior visit. Range of motion is restricted and the supraspinatus test is positive on the left. Tenderness to palpation is noted of the right wrist, which is also noted to be "decreased" from the prior visit. Tinel's and Phalen's signs are positive on the right. Tenderness to palpation is noted in the right knee, which is noted to be "decreased" from the prior visit. McMurray's test is positive on the right. No diagnostic studies are noted in the provided records. Treatment has included physical therapy, a right wrist brace, and oral and topical medications. His medications include

Meloxicam and Cyclobenzaprine (8-28-15). He was prescribed Ibuprofen on 10-5-15. In addition to medications, the treatment recommendations also include Chiropractic evaluation and treatment for the lumbar spine, left shoulder, right wrist, and right knee 3 times a week for 4 weeks. A urine toxicology test was administered on the 10-5-15 visit. The utilization review (10-28-15) includes requests for authorization of Ibuprofen 600mg #90, 12 sessions of chiropractic therapy for evaluation and treatment, and 1 urine toxicology screen. All requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ibuprofen (Motrin) 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with lower back, left shoulder, right knee, and right wrist pain. The current request is for 1 prescription of Ibuprofen (Motrin) 600mg #90. The treating physician's report dated states, "The patient complains of pain in the lower back, left shoulder, and right knee. He also complains of pain and numbness in the right wrist." Examination shows a positive straight leg raise bilaterally. Tinel's sign and Phalen's test are positive on the right. McMurray's test is positive on the right as well. No history of Ibuprofen use was noted in the medical records. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. In this case, MTUS supports the use of anti-inflammatories as first-line treatment for pain. A trial of ibuprofen is appropriate to determine its efficacy in terms of pain relief and functional improvement. The current request is medically necessary.

12 sessions of Chiropractic therapy for evaluation and treatment: Overturned

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: The patient presents with lower back, left shoulder, right knee, and right wrist pain. The current request is for 12 sessions of Chiropractic therapy for evaluation and treatment. The treating physician's report dated 10/05/2015 (2D) does not provide a rationale for the request. No history of chiropractic treatment has been noted in the records provided. The MTUS Guidelines on Manual Therapy and Treatments pages 58 and 59 recommend this treatment for chronic pain if caused by musculoskeletal conditions. It is not recommended for

the ankle, foot, forearm, wrist and hand and knee. MTUS also states, "██████ 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." MTUS page 8 also requires that the physician to monitor the treatment progress to determine appropriate course of treatments. In this case, MTUS supports chiropractic treatments for chronic pain and the requested 12 sessions are within the recommended number of visits. The current request is medically necessary.

Retrospective 1 urine toxicology (DOS 10/15/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine Drug Testing.

Decision rationale: The patient presents with lower back, left shoulder, right knee, and right wrist pain. The current request is for Retrospective 1 urine toxicology (DOS 10/15/2015). The treating physician's report dated 10/05/2015 (2D) states, "Urine toxicology testing is administered for medication monitoring authorization is requested for same." No prior urine drug screen reports were noted in the records. The patient is currently taking Mobic and Fexmid for pain. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. In this case, the patient is currently not on opioids for which urine drug screens would be indicated. Anti-inflammatories and muscle relaxant medications do not require drug screening. The current request is not medically necessary.