

Case Number:	CM15-0032823		
Date Assigned:	02/26/2015	Date of Injury:	07/09/2001
Decision Date:	04/08/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/23/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female, who sustained an industrial injury on July 9, 2001. The injured worker has reported neck, back and knee pain. The diagnoses have included cervical disc protrusion, lumbar spinal stenosis, status post arthroscopy and partial medial meniscectomy of the left knee, cervical radiculopathy, left shoulder subacromial impingement, herniated nucleus pulposus of the lumbar spine and lumbar radiculopathy. Treatment to date has included pain medication, psychiatric examination, psychological testing, lumbar injections, MRI and electrodiagnostic testing. Current documentation dated December 5, 2014 notes that the injured worker complained of low back and neck pain rated an eight-nine out of ten on the Visual Analogue Scale. The low back pain radiated into the left lower extremity. Associated symptoms included numbness and tingling to the foot. Associated symptoms in regards to the neck pain included numbness, tingling and burning down both arms. Physical examination revealed tenderness to palpation in the bilateral cervical paraspinal musculature. She also had tenderness to palpation of the left sacroiliac joint. Decreased range of motion was noted throughout all planes of the cervical, thoracic and lumbar spine. Sensation was also noted to be decreased in the cervical and lumbar spine. Straight leg raise was positive on the left. Strength was decreased in the upper and lower extremities. On January 27, 2015 Utilization Review modified a request for chiropractic manipulation visits # 8 and non-certified a request for Ultracet 37.5/325 # 30 and Cyclobenzaprine 5%. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medications use and side effects be performed during opioid therapy. The documentation provided does not indicate that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate compliance with the medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Cyclobenzaprine 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-114.

Decision rationale: The California MTUS Guidelines do not recommend the use of topical muscle relaxants as there is a lack of evidence to support their efficacy. The documentation provided does not indicate that the injured worker had tried and failed all recommended oral medications to support the request for a topical analgesic. Also, topical cyclobenzaprine is not recommended by the guidelines and therefore would not be supported. Furthermore, the quantity of the medication being requested was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Eight chiropractic manipulation visits: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation at a frequency of 1 to 2 times per week for the first 2 weeks and then 1 time a week

for the next 6 weeks with a maximum duration of 8 weeks. Treatment beyond 4 to 6 visits should be documented with objective functional improvement. The documentation provided did not state whether the injured worker had undergone chiropractic therapy previously to address the same injury and without this information the request would not be supported. Also, the body part that was to receive chiropractic manipulation was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.