

Case Number:	CM15-0034550		
Date Assigned:	03/02/2015	Date of Injury:	02/21/2013
Decision Date:	04/09/2015	UR Denial Date:	02/17/2015
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

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 64-year-old female who reported an injury on 02/21/2013. The mechanism of injury involved a fall. The current diagnoses include cervical spine myofasciitis with radiculitis, lumbar spine myofasciitis with radiculitis, and right shoulder impingement syndrome. The latest physician progress report submitted for review is documented on 12/30/2014. The injured worker presented for a follow-up evaluation with complaints of persistent pain. Upon examination, there was difficulty rising from a seated position, a slow and unsteady gait, and a positive straight leg raise bilaterally. Tie was instructed to continue with Norco 10/325 mg, Flexeril 10 mg, and continue treatment with the pain management specialist. X-rays were obtained in the office; however, the official reports were not provided. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60, one tablet by mouth twice a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication since at least 09/2014 without any evidence of objective functional improvement. Previous urine toxicology reports documenting evidence of injured worker compliance and nonaberrant behavior were not provided. A failure of nonopioid medication was not documented. As such, the request is not medically appropriate at this time.

Chiropractic treatment; twelve (12) visits (2 times a week for 6 weeks), lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 12 sessions of chiropractic therapy exceeds guideline recommendations. As such, the request is not medically appropriate.

Cyclobenzaprine HCL, one tablet three times daily: Upheld

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

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as a non-sedating second line option for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. In this case, there was no documentation of palpable muscle spasm or spasticity upon examination. Guidelines would not support long-term use of muscle relaxants. Additionally, the request as submitted failed to indicate a specific quantity. Given the above, the request is not medically appropriate.

Home aid eight hours a day, five days a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for injured workers who are homebound on a part time of intermittent basis, generally up to no more than 35 hours per week. The request for a home health aide 8 hours per day, 5 days per week would exceed guideline recommendations. The specific type of services required was not listed. The California MTUS Guidelines state medical treatment does not include homemaker services and personal care. There is also no indication that this injured worker is currently homebound. As the medical necessity has not been established, the request is not medically appropriate at this time.