MAXIMUS Federal Services

Case Number:	CM15-0040667		
Date Assigned:	03/10/2015	Date of Injury:	12/03/2014
Decision Date:	05/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/03/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 56-year-old male, who sustained an industrial injury on December 3, 2014. He reported that he inadvertently tripped over an air hose, slipped on the floor and fell backwards onto his buttocks, lower back/tailbone, upper back and shoulders. He reports that he also struck his head. The injured worker was diagnosed as having lumbosacral musculo-ligamentous sprain/strain with bilateral lower extremity radiculitis, sacrococcygeal contusion with resultant coccyodynia, bilateral shoulder periscapular strain with impingement, cervical musculoligamentous sprain/strain with bilateral upper extremity radiculitis and post-traumatic head syndrome. Treatment to date has included seven visits of chiropractic therapy and medications. Currently, the injured worker complains of back pain, tailbone pain and bilateral shoulder pain. He has tenderness to palpation and muscle guarding over the cervical paraspinal musculature, suboccipital musculature and upper trapezius muscles bilaterally. An axial compression test and Spurling's maneuver elicits increased neck pain without radicular component. He has tenderness to palpation of the thoracolumbar spine and the bilateral periscapular and upper trapezius muscles. He was given medication and the evaluating physician recommended chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 with Codeine #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: The California MTUS guidelines indicate that a trial of therapeutic opioids should not be initiated unless the injured employee has failed a trial of non-opioid analgesics. The attached medical record indicates that the injured employee has tried over-the-counter medications. With failure of these first-line medications, this request for Tylenol with Codeine is medically necessary. At this time, since this is the first time the IW has been prescribed an opiate, it would be impossible to assess functional benefit. In regards to UDS/CURES, if it is determined that the IW should remain on this medication, that would then be a requirement for continued use to screen for risk factors associated with chronic use.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The patient is not being treated for an acute exacerbation of chronic back pain, so the requested treatment is not medically necessary.

Chiropractic manipulation for back 3 times 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

Decision rationale: The California MTUS guidelines recommend chiropractic manipulation for an initial trial of six visits with additional care if there is evidence of objective functional improvement. The attached medical record indicates that the injured employee has received seven or eight sessions of chiropractic treatment with minimal to no benefit. Regarding the lack of efficacy of chiropractic manipulation, this request is not medically necessary.

Anaprox DS 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." I respectfully disagree with the UR physician. The MTUS does not mandate documentation of significant functional benefit for the continued use of NSAIDs nor does it mandate use be restricted to an acute time frame only. Systemic NSAID therapy is indicated for the injured worker's low back pain. The request is medically necessary.