

Case Number:	CM15-0043501		
Date Assigned:	03/13/2015	Date of Injury:	02/23/2006
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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 38-year-old female who reported injury on 06/23/2006. Prior therapies included a transforaminal epidural steroid injection, an AFO brace on the left and a UCBL brace on the right. The injured worker was utilizing a cane. The injured worker was utilizing cyclobenzaprine and hydrocodone as of at least 09/16/2014. There was a Request for Authorization submitted for review dated 01/20/2015. The documentation of 01/20/2015 revealed the injured worker was doing the same. The injured worker restarted Flexeril and increased Ultracet to 4 times per day. The injured worker indicated that her pain had been stable as her good days and bad days. The injured worker indicated that calf cramps occurred less often with the use of Flexeril. The documentation indicated the injured worker was pending authorization for additional chiropractic care. The injured worker indicated she had aching pain and pressure in her low back with radiation of stabbing pain and cramping down the left lower extremity. The injured worker had right foot pain. The injured worker was noted to have lots of leg cramps in the left leg. The injured worker indicated that with medications, the pain without medication was 8/10 to 9/10 and with medications it was 4/10 to 5/10. The prior surgical history included a laminectomy and discectomy in 2006 and other noncontributory surgeries. The injured worker was noted to undergo 2 transforaminal epidural steroid injections in the year 2014. The physical examination revealed tenderness to palpation in the left lower lumbar paraspinals and spasms in the lumbar paraspinals. The injured worker had decreased extension and that extension was limited by pain. The injured worker's CURES report was noted to be consistent as was the urine toxicology screen. The diagnoses included lumbar radiculopathy and moderate to severe bilateral L5-S1 stenosis. The treatment plan included the injured worker had chiropractic and the physician opined that further treatment was warranted. As such, the request was made for additional chiropractic physiotherapy, 2 x 4 for the lumbar spine to improve range of motion and

decrease pain. Additionally, the injured worker was to utilize Ultracet 37.5 mg #90 one tablet 3 times a day as needed for severe pain for pain control. Additionally, the request was made for Flexeril 7.5 mg for muscle spasms and was not to be used for more than once daily and for no more than 1 to 2 weeks. The injured worker was provided refills on all medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Acetaminophen 37.5 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The injured worker was noted to be monitored for aberrant drug behavior and side effects. The injured worker was noted to have a decrease in pain. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. The request as submitted failed to include the strength for the acetaminophen; however, this was not a determining factor for non-approval. Given the above, the request for tramadol/acetaminophen 37.5 mg #90 is not medically necessary.

Cyclobenzaprine 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG-TWC non-sedating muscle relaxants.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had less leg cramps with use of the medication. However, the objective functional benefit was not provided. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 7.5 mg #60 is not medically necessary.

Additional chiropractic physiotherapy 8 sessions, 2 times a week for 4 weeks: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review indicated the injured worker had benefitted from prior chiropractic care. However, there was a lack of documentation of objective functional improvement, objective decrease in pain and an improvement in quality of life. The request as submitted failed to indicate the body part to be treated. Given the above and the lack of documentation, the request for additional chiropractic physiotherapy 8 sessions, 2 times a week for 4 weeks is not medically necessary.