

Case Number:	CM15-0058352		
Date Assigned:	04/03/2015	Date of Injury:	07/09/2014
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/27/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 49-year-old female who has reported neck and back pain after lifting on July 9, 2014. The injured worker was diagnosed with cervical radiculopathy, thoracic spine pain, lumbar sprain/strain, bilateral lower extremity radiculitis, stenosis at L4-L5 and L5-S1, and psychiatric disease. The lumbar MRI on 11/25/14 showed multilevel degenerative disc disease, with abutment of the bilateral S1, L5, and L4 nerve roots. Treatments have included physical therapy, nonsteroidal anti-inflammatory agents (NSAIDs), Ultram, chiropractic treatments, Tylenol #4 and Fexmid. The current primary treating physician, an orthopedic surgeon, has been treating this injured worker since August 2014. At the initial visit the injured worker was not working and had ongoing back pain and panic attacks. The treatment plan included 12 chiropractic visits, a psychological evaluation, Norco, and Fexmid. There was an unclear work status. The work status on 10/16/14 was not working and off work. On 10/16/14 chiropractic care was to start and Norco was changed to tramadol. On 11/26/14, tramadol was changed to Tylenol #4. Fexmid was continued. The work status was unchanged. Low back pain continued and 3 chiropractic visits had been completed. Pain relief, improved therapy participation, and better sleep were reported with medications. Per the PR2 of February 17, 2015, there was low back pain with radiating paresthesias down the lower extremities. The pain was aggravated by nearly all activities. The pain decreased with rest, medications, and home exercise program. Tylenol #4 reduces the pain and Fexmid controlled the muscle spasms. This allowed her to work longer and stand longer. The injured worker was working longer and can stand for longer periods of time. The physical exam revealed tenderness, spasms, guarding, positive straight leg raises,

and decreased range of motion. There were paresthesias and sensory deficits in the L5-S1 dermatomes bilaterally. The treatment plan included chiropractic care for the lumbar spine, a trial of lumbar spine traction, pain management consultation, medications, and a random urine toxicology screen. The work status was "return to usual work." The request for a pain management referral was not accompanied by any specific indications. A 2/17/15 prescription was for 3 chiropractic visits, with a trial of 3 sessions of traction. The Request for Authorization of 2/17/15 was for 3 chiropractic visits, 3 sessions of traction, pain management consultation, a random urine drug screen, Tylenol #4 quantity 60, and Fexmid #60. A treatment request of 3/2/15 is for a trial of lumbar traction, 3 visits with chiropractic services. On 3/17/15, Utilization Review certified Tylenol #4, partially certified Fexmid, and non-certified chiropractic, traction, pain management consultation, and a urine drug screen. Utilization Review noted the requests did not meet the recommendations of the cited MTUS references.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the lumbar spine quantity: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. The maximum recommended duration and number of visits is up to 18 visits over 6-8 weeks. For recurrences/flare-ups an additional 1-2 visits every 4-6 months are an option if there is treatment success and return to work is achieved. There are no medical reports which discuss the functional improvement, if any, resulting from the prior course of chiropractic. It appears that the prior course of chiropractic was 12 visits. The MTUS states that maintenance manipulation is not recommended. The recently prescribed care seems to imply maintenance care rather than 1-2 visits for a flare-up. The injured worker is past the 6-8 week period for the initial course of chiropractic. No additional manual and manipulative therapy is medically necessary based on the lack of specific functional improvement after an initial trial of 6 or more visits. Therefore, the request is not medically necessary.

Trial of lumbar spine traction quantity: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308. Decision based on Non-MTUS Citation Updated ACOEM Guidelines, Low Back, 4/7/08, Page 146.

Decision rationale: The ACOEM guidelines do not recommend traction for low back injuries. Page 300 states that "traction has not been proved effective for treating low back injuries." On Page 308, lumbar traction is "Not Recommended". The updated ACOEM Guidelines for the Low Back recommend against traction for treatment of any low back pain condition. Lumbar traction is therefore not medically necessary.

Pain management consultation quantity: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: The MTUS does not provide references to "pain management." Some of the body part chapters, as cited above, recommend the option of a physical medicine and rehabilitation (PMR) referral for non-surgical issues. In this case, the treating physician, who is an MD specializing in orthopedic surgery, has not provided the indications along with the request for a referral to "pain management." The treating physician has not described any complex pain problems or reasons that he cannot continue to treat the pain using usual medications and non-surgical modalities. The injured worker appears to be improving, based on improved function and a better work status. This would make any referral for different pain treatment questionable. The referral is not medically necessary based on the lack of specific indications.

Random urine toxicology screen quantity: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug testing/ opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction: urine drug screen to assess for the use or the presence of illegal drugs: Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Opioid contracts: (9) Urine drug screens may be required. Opioids, steps to avoid misuse/addiction: c) Frequent random urine toxicology screens Page(s): 43, 77-80, 94, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use; Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens.

Decision rationale: This injured worker has been prescribed chronic opioids and there is no record of any drug test in the file. The cited guidelines recommend random urine drug screens, at varying frequencies depending on the risk factors, for all patients on chronic opioids, not just for those seen as high risk. The Utilization Review did not accurately summarize the indications for urine drug screens and is therefore overturned. Given that there have been no drug tests to date, the ongoing pain and presumed use of opioids, a random urine drug screen is medically necessary.

Fexmid 7.5mg quantity: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine; muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. References to improved pain and function are non-specific and attributed to unspecified medications. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed other medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.