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| Case Number: | CM14-0120208 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 08/30/2013 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 07/01/2014 |
| Priority: | Standard | Application Received: | 07/30/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 8/30/2013. Per primary treating physician's progress report dated 5/30/2014, the injured worker complains of mid back pain currently rated at 7-8/10, with seldom radiation of numbness and tingling in the bilateral lower extremities. His pain and symptoms increase with heavy activity. On examination he has tenderness to palpation over the thoracic spine, midline. He points to the T6-T8 as the source of his maximum pain. Thoracic and lumbar range of motion is reduced in all planes. He has decreased sensation over the left L3 dermatomes and about the left T6-T8 dermatomes. Motor exam is 4+/5 in the bilateral PSOAS, quads, hamstrings bilaterally, 5-/5 TA, EHL, INV, PF, EV bilaterally. Diagnoses include 1) thoracic HNP 2) lumbar strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

#180 Hydrocodone/APAP 7.5/325 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The requesting physician reports that the injured worker is taking Norco 7.5 mg 4-5 tablets a day which is helping decrease the pain and helps him to perform a home exercise program. This prescription is for a maximum of 3 tablets a day. It is not clear that the injured worker is benefiting from the use of Norco sufficiently to continue chronic treatment with opioids. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is a reduction in dosing, as the injured worker has been taking Norco 7.5/325 mg 4-5 tablets per day and is now instructed to take no more than 3 tablets per day. A gradual reduction in use is reasonable, and within the recommendations of the MTUS Guidelines. The request for #180 Hydrocodone/APAP 7.5/325 mg is determined to be medically necessary.

Chiropractic Rehabilitative therapy at two times a week for 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Manual Therapy & Manipulation

Decision rationale: Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks are recommended. Elective or maintenance care is not recommended. Recurrences or flare ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months is reasonable. The requesting physician explains that the injured worker has had 17 visits of chiropractic treatment from which he has short-term relief. He has also had 2 visits of acupuncture with no relief and 24 sessions of physical therapy. There is insufficient evidence that the injured worker has objective functional improvement with chiropractic treatments, and has already had 17 visits. An additional 12 visits of chiropractic treatment is not consistent with the recommendations of the MTUS Guidelines. Medical necessity for this request has not been established. The request for Chiropractic Rehabilitative therapy at two times a week for 6 weeks is determined to not be medically necessary.

Flexeril 10mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle Relaxants (for pain) Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. The requesting physician explains that the injured worker has been taking Flexeril 7.5 mg 2-3 tablets a day which is helping decrease spasms and improves his sleep. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. The request for Flexeril 10mg, #60 is determined to not be medically necessary.