

Case Number:	CM14-0147733		
Date Assigned:	09/15/2014	Date of Injury:	03/29/2012
Decision Date:	10/30/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The claimant is a 46-year-old female who was involved in a work injury on 3/29/2012. The mechanism of injury was not available for review. The attorney's letter dated 9/9/2014 suggests that the injury was a cumulative trauma injury. The claimant is currently under the care of [REDACTED] for complaints of neck and back pain. Treatment has consisted of physical therapy, chiropractic treatment, and lumbar epidural injections. On 2/17/2014 the claimant underwent an agreed medical evaluation with [REDACTED]. The determination was that the claimant was at maximum medical improvement and would require chiropractic treatment on an as needed basis, up to 24 visits. On 7/28/2014 the claimant was reevaluated by [REDACTED] for complaints of chronic neck and back pain. The report indicated that the claimant attends chiropractic treatment once a week and physical therapy once a week. The "chiropractic treatment maintains her mobility, providing her immediate sense of improvement." The recommendation was for 6 additional chiropractic and physical therapy treatments at one time per week. This was modified by peer review to certify 2 chiropractic and 2 physical therapy treatments. The rationale for the reduction was that "2 more sessions to transition the patient into a dynamic home exercise program" should be sufficient. There was also a request for Celebrex, Norco, Gabapentin, and Xanax. The requested Celebrex was certified while the Norco, gabapentin, and Xanax requests were modified to a reduced quantity. The purpose of this review is to determine the medical necessity for the requested 6 chiropractic and physical therapy treatments. The request for Celebrex, Norco, gabapentin and Xanax is outside the scope of my license and will not be addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets 5/325mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco tablets 5/325mg #270 is not medically necessary and appropriate.

Gabapentin 300mg (quantity not provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anit-epilepsy drugs Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no clear identification of neuropathic pain that is significantly improved with the use of gabapentin. Furthermore, an open-ended quantity of gabapentin is not supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Gabapentin 300mg (quantity not provided) is not medically necessary and appropriate.

Xanax 0.5mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

Decision rationale: Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax 0.5mg #180 is not medically necessary and appropriate.

Six (6) Chiropractic sessions: Upheld

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

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

Decision rationale: This request was initially modified by peer review to certify 2 treatments based on the opinion that the 2 treatment should be sufficient to transition the claimant to a home exercise program. This recommendation was appropriate. The medical necessity for continued 6 treatments was not established. It appears that this claimant has received treatment on an ongoing basis for some time. In fact, the 11/30/2013 report from [REDACTED] indicates that "the patient states that she experiences about a 50% reduction in pain post treatment that can last for several days and then the pain slowly returns to original levels." This clearly indicates an absence of lasting functional improvement. Subsequent evaluations from [REDACTED] indicate that the chiropractic and physical therapy treatments provided only temporary relief. The 9/5/2014 report from [REDACTED] did indicate that the claimant "started yoga which she finds is helping and is a few weeks into the program with no significant exacerbations of her pain." This would suggest that continuing at home within the context of a home program would be more efficacious than the continued delivery of provider driven care that has clearly failed to provide lasting benefit. Therefore, the request of six (6) Chiropractic sessions is not medically necessary and appropriate.

Six (6) Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures; Physical medicine Page(s): 48, 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99.

Decision rationale: This request was initially modified by peer review to certify 2 treatments based on the opinion that the 2 treatment should be sufficient to transition the claimant to a home exercise program. This recommendation was appropriate. The medical necessity for continued 6 treatments was not established. It appears that this claimant has received treatment on an ongoing basis for some time. In fact, the 11/30/2013 report from [REDACTED] indicates that "the patient states that she experiences about a 50% reduction in pain post treatment that can last for several days and then the pain slowly returns to original levels." This clearly indicates an absence of lasting functional improvement. Subsequent evaluations from [REDACTED] indicate that the chiropractic and physical therapy treatments provided only temporary relief. The 9/5/2014 report from [REDACTED] did indicate that the claimant "started yoga which she finds is helping and is a few weeks into the program with no significant exacerbations of her pain." This would suggest that continuing at home within the context of a home program would be more efficacious than the continued delivery of provider driven care that has clearly failed to provide lasting benefit. Therefore, the six (6) Physical Therapy sessions are not medically necessary and appropriate.