

Case Number:	CM14-0087154		
Date Assigned:	07/23/2014	Date of Injury:	04/21/2008
Decision Date:	09/19/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 injured worker is a 36-year-old male who reported injury on 04/21/2008. The mechanism of injury was not provided. The surgical history and diagnostic studies were not provided. The injured worker was noted to be utilizing opiates since at least 09/2013. The other therapies included chiropractic care. The documentation of 05/13/2014 revealed the injured worker had complaints of neck pain. The physical examination revealed mild tenderness to palpation of the cervical spine. The injured worker had tenderness to palpation over the trapezius and medial scapular muscles. The physical examination of the lumbar spine revealed mild diffuse tenderness to palpation. The diagnoses included cervicgia and degeneration of lumbar, thoracic and cervical discs. The treatment plan included a refill of Norco 10/325 #90 with refills, Cymbalta #30 with refills and a chiropractic referral for 12 visits as the injured worker noted that chiropractic treatment helped in the past. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS. Decision based on Non-MTUS Citation ACOEM chapter 6 page. 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain in 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 Norco since at least late 2013. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the dosage and the frequency and strength for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Norco, 90 with 3 refills is not medically necessary.

Chiropractic 12 session: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if it is caused by musculoskeletal conditions. For reoccurrences and flare-ups there is a need to re-evaluate treatment success and if return to work has been achieved then 1 to 2 visits every 4 to 6 months. The time to produce effect is 4 to 6 treatments. The clinical documentation submitted for review indicated the injured worker had previously attended chiropractic care. However, there was a lack of documentation of objective functional benefit that was received and the quantity of sessions attended. The request for 12 sessions would be excessive without re-evaluation. Their request as submitted failed to indicate the body part to be treated with chiropractic treatment. Given the above, the request for Chiropractic 12 Sessions is not medically necessary.