

Case Number:	CM14-0090709		
Date Assigned:	07/23/2014	Date of Injury:	09/20/2013
Decision Date:	09/17/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/16/2014

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 Medicine and is licensed to practice in Texas and 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 patient is a 58-year-old male who was injured on 9/20/2013. The diagnoses are lumbar radiculopathy, neck pain and shoulder pain. The radiological test was significant for degenerative disc disease of the lumbar spine and right shoulder arthritis. The patient had an Orthopedic evaluation on 5/1/2014 that showed decreased range of motion of the shoulder joints but no significant objective findings. The medications are Tizanidine for muscle spasm and Tramadol for pain. A Utilization Review determination was rendered on 6/10/2014 recommend denial for Tizanidine 4mg #120, Tramadol/APAP 37.5/325mg #100 and Chiropractic treatment 8 visits for lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 8 visits, cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - lumbar & thoracic (acute & chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 46-47 and 98-99. Decision based on Non-MTUS Citation ODG- PAIN CHAPTER.

Decision rationale: The CA MTUS and the ODG recommend that physical therapy including Chiropractic treatments can be utilized to alleviate discomfort, restore flexibility, and increase range of motion of the affected parts. The guideline recommend that additional Chiropractic treatments may be beneficial during acute exacerbation of chronic pain if there are documented beneficial effects from prior PT/Chiropractic treatments. The records did not indicate that there are acute exacerbations of the musculoskeletal pain. There is no documentation of beneficial effects from prior chiropractic treatments. The criteria for Chiropractic treatments 8 visits for the cervical and lumbar spine is not medically necessary.

Tizandine 4 mg 1 PO Q 12 PRN, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation ODG- PAIN CHAPTER.

Decision rationale: The CA MTUS and the ODG recommend that only non-sedating muscle relaxants be utilized in the treatment of acute exacerbations of muscle spasm. It is recommended that the use of muscle relaxants and antispasmodics be limited to periods of less than 6 weeks to decrease the risk of addiction, sedation, and dependency. The records indicate that the patient has been utilizing Tizanidine for periods longer than the recommended 6 weeks limitation. There is no documentation of objective findings of muscle spasm. The criteria for the use of Tizanidine 4mg #120 is not medically necessary.

Tramadol/APAP 37.5/325 mg, 1 PO q 6-8 PRN #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 111, 113 and 119. Decision based on Non-MTUS Citation ODG- PAIN CHAPTER.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatment during acute exacerbations of chronic musculoskeletal pain. Opioids can also be utilized for maintenance treatment for patient who has exhausted surgeries, PT, and non-opioid medications management. Tramadol is a medication that acts on opioid and non-opioid receptors. The use of tramadol is associated with less opioid addictive and sedative properties than pure opioid analgesics. The criteria for the use of Tramadol/APAP 37.5/325mg #100 is medically necessary.