

Case Number:	CM14-0210516		
Date Assigned:	12/23/2014	Date of Injury:	09/27/2011
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old male with date of injury 09/27/11. The treating physician report dated 09/20/13 indicates that the patient presents with pain affecting his neck, lower back, and bilateral hips. The physical examination findings reveal tenderness to palpation over the cervical spine, Axial Compression test and Spurling's maneuver elicited increased neck pain, and decreased range of motion in the cervical spine, tenderness to palpation was noted over the lumbar spine with muscle spasm/guarding, straight leg test increased lower back pain radiating into the bilateral lower extremities and range of motion was decreased, bilateral shoulders revealed tenderness to palpation, Impingement test and Cross Arms test are positive on the left but negative on the right, range of motion was also limited in the bilateral shoulders. Prior treatment history includes home exercise program, surgery, chiropractic (in 2012), and medications. The patient is permanent and stationary. The current diagnoses are: 1. Cervical/Trapezial Sprain/Strain. 2. Bilateral Shoulder Periscapular Myofascial Strain with Left-Sided Tendinitis and Impingement. 3. Thoarcic Sprain/Strain 4. Lumbar Sprain/Strain. The utilization review report dated 11/21/14 denied the request for Ultram 50mg and 120 Zanaflex 2 mg based on medical necessity and guideline recommendations. The utilization review report dated 11/21/14 modified the request for 8 Chiropractic Treatments - Lumbar Spine, Left Shoulder to 2 chiropractic treatments based on guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Treatments - Lumbar Spine, Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The patient presents with pain affecting his neck, lower back, and bilateral hips. The current request is for 8 Chiropractic Treatments - Lumbar Spine, Left Shoulder. In the medical records provided to me, there was not any documentation of the patient having chiropractic treatment. The reviewing physician states, "A review of available medical records indicates the patient had been certified for a total of 12 chiropractic sessions in 2012, which he reported were helpful in the past. Due to the lapse in time since his last evaluation, the evaluation findings suggest a recurrence or flare-up in his chronic musculoskeletal condition." (53) The MTUS guidelines state, Recommended for chronic pain if caused by musculoskeletal conditions. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." In this case, the reviewing physician indicated that the patient has had chiropractic treatment in the past and the current request would exceed the recommended guidelines. Recommendation is for not medically necessary.

Ultram 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-94.

Decision rationale: The patient presents with pain affecting his neck, lower back, and bilateral hips. The current request is for Ultram 50mg. The treating physician states that the patient does get some relief from opioid usage (40). The MTUS guidelines require that for opioid use the treating physician must document the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician did not document any before or after pain scales, there was no documentation of functional ability or impact on ADLs and there was no discussion regarding side effects or aberrant behaviors. MTUS requires much more thorough documentation for ongoing opioid usage. There is not a quantity specified on this request making it invalid. Recommendation is for not medically necessary.

120 Zanaflex 2 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic).

Decision rationale: The patient presents with pain affecting his neck, lower back, and bilateral hips. The current request is for 120 Zanaflex 2 mg. The treating physician states that the patient was taking muscle relaxants in 2013 but did not state for how long. The MTUS guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Dosing: 4 mg initial dose; titrate gradually by 2 - 4 mg every 6 - 8 hours until therapeutic effect with tolerable side-effects; maximum 36 mg per day." In this case, the treating physician has not documented that the current prescription was for short term usage and the quantity prescribed is not for short term usage. The current request is not medically necessary as it does not follow the MTUS guidelines. The recommendation is for not medically necessary.