MAXIMUS Federal Services

Case Number:	CM14-0216146		
Date Assigned:	01/06/2015	Date of Injury:	03/18/2012
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/24/2014

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
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 injured worker is a 63 year old male with a date of injury of March 18, 2012. Results of the injury includes neck, lower back, mid upper back, right hip/thigh and left knee. Diagnosis include a history of cervical spine, aggravation, history of thoracic spine strain/sprain aggravation, history of lumbar spine strain/sprain aggravation exacerbation, left knee meniscal tear , right hip pain secondary to limp, right heel pain secondary to limp, diabetes new onset rule out industrial causation, depression/anxiety, situational, sleep disturbance secondary to pain. Treatment has included physical therapy to the cervical, thoracic, lumbar spine, left knee, right hip , fluriflex, and cyclobenzaprine. Imaging studies are unavailable. Progress report dated September 17, 2014 revealed the cervical spine to have tenderness to palpation over the paraspinal muscles. There was restricted range of motion. Cervical compression test was positive. The thoracic spine revealed tenderness to palpation over the paraspinal muscles. The lumbar spine revealed tenderness to palpation over the paraspinal muscles. there was restricted range of motion. Straight leg raise test was positive bilaterally. Right hip revealed tenderness to palpation. Right thigh showed tenderness to palpation. Left knee showed tenderness to palpation. Right ankle revealed tenderness to palpation. Right foot revealed tenderness to palpation. Disability status was noted as temporary total disability. Treatment plan was documented to prescribe chiropractic therapy for evaluation and treatment of the cervical and lumbar spine. Utilization review form dated December 9, 2014 modified cyclobenzaprine 7.5 mg # 54 according to MTUS guideline recommendations. Chiropractic treatment left knee only # 12 and motrin 600 mg # 60 was denied due to noncompliance with MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, left knee only: 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 in the neck rated 4/10 that radiates to bilateral C5 and C6 dermatomes (side unspecified), pain in the mid/upper back rated 6/10, pain in the lower back rated 6/10, pain in the right hip/thigh rated 6/10, and pain in the left knee rated 8/10. Patient is status post 3 extracorporeal shockwave treatments to the left knee, last performed on 09/10/14. The request is for Chiropractic treatment, left knee only. Physical examination 09/17/14 revealed tenderness to palpation to the cervical, thoracic, and lumbar paraspinal muscles, with palpable spasm and positive straight leg raise test bilaterally. Examiner also notes tenderness to palpation to the right hip, right thigh, left knee, right ankle, and right foot. The patient is currently prescribed Aspirin, Dexilant, Lipitor, Plavix, and Simvistatin. Patient's current work status is not specified. Diagnostic imaging was not included in the records provided. MTUS Chronic Pain Medical Treatment Guidelines, page 58-59, regarding Manual Therapy and Manipulation state: "Recommended for chronic pain if caused by musculoskeletal conditions and manipulation is specifically recommended as an option for acute conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in function that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of-motion but not beyond the anatomic range-of-motion. Treatment Parameters from state guidelines a. Time to produce objective functional gains: 3-5 treatments b. Frequency: 1-5 supervised treatments per week the first 2 weeks, decreasing to 1-3 times per week for the next 6 weeks, then 1-2 times per week for the next 4 weeks, if necessary. c. Optimum duration: Treatment beyond 3-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session."In regards to the request for chiropractic treatment for the left knee, the treater has not specified duration of therapy. While this patient's chronic knee pain could potentially see benefits from manual manipulation, MTUS guidelines dictate an initial trial of 6 chiropractic sessions with documented benefits. As the treater has not specified the number of sessions, the compliance of the requested number of sessions with MTUS guidelines cannot be established. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain in the neck rated 4/10 that radiates to bilateral C5 and C6 dermatomes (side unspecified), pain in the mid/upper back rated 6/10, pain in the lower back rated 6/10, pain in the right hip/thigh rated 6/10, and pain in the left knee rated 8/10. Patient is status post 3 extracorporeal shockwave treatments to the left knee, last performed on 09/10/14. The request is for Cyclobenzaprine 7.5mg. Physical examination 09/17/14 revealed tenderness to palpation to the cervical, thoracic, and lumbar paraspinal muscles, with palpable spasm and positive straight leg raise test bilaterally. Examiner also notes tenderness to palpation to the right hip, right thigh, left knee, right ankle, and right foot. The patient is currently prescribed Aspirin, Dexilant, Lipitor, Plavix, and Simvistatin. Patient's current work status is not specified. Diagnostic imaging was not included in the records provided. MTUS Chronic Pain Medical Treatment Guidelines, pages 63-66 state: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." For skelaxin, MTUS page 61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by [redacted] Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating."In regards to the request for Cyclobenzaprine, a muscle relaxant, for this patient's chronic cervical, thoracic, and lumbar spine pain, the treater has not specified duration of therapy. While MTUS guidelines do recommend the use of muscle relaxants such as Cyclobenzaprine for management of muscle spasms and pain associated with chronic back pathology, they dictate that the therapy must be short duration (2-3 weeks). As the treater has not specified a quantity for the requested medication, the compliance with MTUS guidelines indicating short-duration therapy cannot be established. Therefore, the request is not medically necessary.

Motrin 600mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

Decision rationale: The patient presents with pain in the neck rated 4/10 that radiates to bilateral C5 and C6 dermatomes (side unspecified), pain in the mid/upper back rated 6/10, pain in the lower back rated 6/10, pain in the right hip/thigh rated 6/10, and pain in the left knee rated 8/10. Patient is status post 3 extracorporeal shockwave treatments to the left knee, last performed on 09/10/14. The request is for Motrin 600mg. Physical examination 09/17/14 revealed tenderness to palpation to the cervical, thoracic, and lumbar paraspinal muscles, with palpable spasm and positive straight leg raise test bilaterally. Examiner also notes tenderness to palpation to the right

hip, right thigh, left knee, right ankle, and right foot. The patient is currently prescribed Aspirin, Dexilant, Lipitor, Plavix, and Simvistatin. Patient's current work status is not specified. Diagnostic imaging was not included in the records provided. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP."In regards to the request for Motrin 600MG, the patient's complex history of persistent musculoskeletal pain justifies the use of NSAID therapy. While there is no indication of duration of therapy, or quantity of tablets, there is no documentation that the patient is currently taking any NSAIDs for pain, either. Therefore, this request is medically necessary.