MAXIMUS Federal Services

Case Number:	CM15-0004202		
Date Assigned:	01/16/2015	Date of Injury:	03/03/2011
Decision Date:	03/23/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/08/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine

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 61 year old female, who sustained an industrial injury on 3/3/2011. She has reported neck and shoulder pain. Diagnoses include myofascial pain syndrome, chronic strain of cervical spine, left rotator cuff syndrome, and left cervical radiculopathy. Treatment has included medications and chiropractic treatment. On 12/28/14, the physician noted that the injured worker "continues to do chiro with benefit" and that she continues to do a home exercise program 1-2 times per week. The injured worker complains of pain in left shoulder and cervical spine with muscle spasms with radiation to fingers including numbness/tingling. Medications included Naprosyn, omeprazole, and flexeril. Physical examination from December 18, 2014, documented muscle spasms to left trapezius, decreased range of motion (ROM) of left shoulder and cervical spine in all planes, positive left Spurling, decreased sensation in the left hand, and positive left shoulder impingement. Work status was noted as not fit for duty. The physician stated "will give flexeril for spasms and request third round of chiro." The documentation suggests that the area to be treated with chiropractic is the cervical spine. Diagnoses noted on the request for authorization for include myofascial pain syndrome, cervical radiculopathy, and cervical sprain. A progress note from 11/20/14 notes that the injured worker has improved activities of daily living with chiropractic treatment. A second round of chiropractic care twice a week for four weeks was requested on 11/20/14. The progress note of 10/9/14 documents the work status as currently retired/not fit for duty; medications as of that date included Naprosyn, omeprazole, and flexeril. The progress note of 10/9/14 documents a plan to have the injured worker start chiropractic treatment as soon as possible. No records of the chiropractic treatment

received were included in the documentation submitted, with no documentation of the specific dates of treatment, modalities used, or results. On 12/29/2014 Utilization Review denied certification for Flexeril 7.5mg #90 with three (3) refills, noting lack of functional benefit with prior medication use. Utilization Review non-certified additional chiropractic treatment twice a week for four (4) weeks, cervical spine, noting the documentation of the prior amount of chiropractic treatment and objective functional goals/gains were not submitted for review. The MTUS and ODG Guidelines were cited by Utilization Review. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines flexeril, p. 41-42, muscle relaxants p. 63-66 Page(s): p. 41-42, p. 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, fexmid) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. Limited, mixed evidence does not allow for a recommendation for chronic use. The injured worker has been prescribed flexeril for at least two months, in combination with naprosyn. Due to the lack of functional improvement as a result of treatment with flexeril and the length of use of this medication in excess of the guidelines, the request for flexeril 7.5mg #90 with 3 refills is not medically necessary.

Additional chiropractic treatment, twice a week for 4 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Neck & Upper Back Procedure Summary; Chiropractic, Regional Neck Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): p. 173, 181,Acupuncture Treatment Guidelines,Chronic Pain Treatment

Guidelines manual therapy and manipulation Page(s): p. 58-60. Decision based on Non-MTUS Citation neck and upper back chapter: manipulation

Decision rationale: The MTUS recommends chiropractic treatment (manual therapy and manipulation) for chronic pain if caused by musculoskeletal conditions. Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). The MTUS for chronic pain is silent on use of manipulation of the neck. The ACOEM states that cervical manipulation is a treatment option for neck pain or cervicogenic headache when used in the context of functional restoration rather than for pain alone, but that there is insufficient evidence to support manipulation for radiculopathy. Physical manipulation for neck pain is a option for treatment early in care only. In this case, symptoms have been present chronically, and there is documentation of a diagnosis of cervical radiculopathy. The ODG notes that cervical manipulation is recommended as an option. The number of sessions recommended varies with the treatment diagnosis: for moderate cervical strain or cervical radiculopathy, a trial of 6 visits over 2-3 weeks may be used as an initial course, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks, with avoidance of chronicity, is recommended. Transition to active self-directed care is recommended. In this case, the injured worker has received an unknown amount of prior chiropractic treatments. The progress note associated with the current request notes that this is a request for a third round of chiropractic treatment. One progress note refers to improvement in activities of daily living as a result of chiropractic treatment, but specific activities of daily living are not discussed. The injured worker was noted to be not fit for duty/retired. There was no discussion of functional goals. There was no documentation of decrease in medication use or decrease in frequency of office visits as a result of chiropractic treatment. The ACOEM does not recommend chiropractic treatment for cervical radiculopathy, and the MTUS for chronic pain is silent on manipulation for the neck. The ODG does discuss the option of manipulation for the cervical spine, with specific recommendations for number of treatments. The number of prior chiropractic treatments in this case was not specified, and there was no documentation of functional improvement as a result of these treatments. For these reasons, the request for additional chiropractic treatment, twice a week for 4 weeks for the cervical spine, is not medically necessary.