

<b>Case Number:</b>	CM15-0012234		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 male, who sustained an industrial injury on 08/10/2011. On provider visit dated 12/16/2014 the injured worker has reported injuries to the low back, cervical spine, right shoulder and both knees. On examination he was noted to have pain in the lower back with range of motion, left medical knee was noted to have a bluish discoloration, some medial swelling and a decreased range of motion was noted as well. The diagnoses have included chronic low back pain, bilateral leg pain, neck pain, chronic right knee pain, right shoulder pain, chronic myofascial back pain. Treatment to date has included Norco 5/325mg one to two per day, Ultram 150 ER 1 BID, Zanaflex 4 mg 1 tablet PO BID, and TENS unit. Treatment plan included no medication changes and chiropractic care 6 session. On 01/07/2015 Utilization Review 's non-certified chiropractic x6 sessions right sacroiliac joint, Norco 5/325mg #60 and Ultram ER 150mg # 60. The CA MTUS and Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic (6 sessions) to the right sacroiliac joint:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): Chronic Pain Medical Treatment Guidelines MTUS (Effective.

**Decision rationale:** The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 20, 2011. In a Utilization Review Report dated January 7, 2015, the claims administrator failed to approve a request six sessions of chiropractic manipulative therapy, Norco, and Ultram (tramadol). The applicant's attorney subsequently appealed. In a January 20, 2015 progress note, the applicant reported multifocal complaints of neck, low back, shoulder, and knee pain. Additional chiropractic manipulative therapy, Ultram, and Norco were endorsed. The attending provider stated that the applicant was apparently working at a restaurant following imposition of permanent work restrictions. The attending provider stated that the applicant was deriving appropriate analgesia through ongoing medication consumption. The attending provider maintained that the applicant was remaining active with medication consumption. REFERRAL QUESTIONS: 1. Yes, the request for six sessions of chiropractic manipulative therapy was medically necessary, medically appropriate, and indicated here. As noted on pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines, up to 24 sessions of chiropractic manipulative therapy is recommended in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status. Here, the attending provider has seemingly established that the applicant has achieved and/or maintained successful return to work status following completion of earlier unspecified amounts of chiropractic manipulative therapy. The applicant is apparently working as a restaurant server. Moving forward with the additional manipulative treatment, thus, was indicated. Therefore, the request was medically necessary. REFERENCES: MTUS Chronic Pain Medical Treatment Guidelines, page 58, Manual Therapy and Manipulation topic.

**Ultram ER 150mg BID #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-95, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

**Decision rationale:** The request for Ultram, a synthetic opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain achieved as a result of the same. Here, the applicant has returned to and/or maintained full-time work status as a restaurant server, the attending provider has posited. Ongoing usage of medications has ameliorated the applicant's ability to stay active. The applicant is reportedly deriving appropriate analgesia with ongoing medication consumption, the treating provider suggested. Continuing tramadol (Ultram), thus, on balance, was indicated. Therefore, the request was medically

necessary. REFERENCES:MTUS Chronic Pain Medical Treatment Guidelines, page 80, When to Continue Opioids topic.

**Norco 5/325mg BID #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

**Decision rationale:** Finally, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of same. Here, the applicant has returned to and/or maintained full-time work status as a restaurant server, the treating provider has posited. Ongoing usage of opioids has proven effective in attenuating the applicant's pain complaints, the treating provider has posited. Continuing Norco, on balance, was, thus, indicated. Therefore, the request was medically necessary. REFERENCES:MTUS Chronic Pain Medical Treatment Guidelines, page 80, When to Continue Opioids topic.