

Case Number:	CM15-0015379		
Date Assigned:	02/03/2015	Date of Injury:	05/24/2003
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/27/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old male patient, who sustained an industrial injury on May 24, 2003. The current diagnoses include cervical spine strain/sprain, lumbar spine strain/sprain and right groin strain/sprain. According to the primary treating physician's progress report dated January 12, 2015, he had complaints of neck and low back pain. The physical examination revealed cervical paraspinals and trapezius tenderness and reduced range of motion of the cervical spine, slight spasm and tenderness in the lumbar spine and decreased range of motion of the lumbar spine. The current medications list includes Tylenol #3 and Robaxin. He has completed chiropractic therapy sessions recently. Per the records provided he has had urine drug screen on 9/8/2014 which was positive for codeine and morphine (inconsistent as patient prescribed Tylenol #3 alone). The treating physician requested authorization for additional chiropractic therapy, 8 visits (2 times 4) for the cervical and lumbar spine; Robaxin 750 mg #60 with 2 refills; Urine drug screen. On January 20, 2015 the Utilization Review denied certification for additional chiropractic therapy, 8 visits (2 times 4) for the cervical and lumbar spine; Robaxin 750 mg #60 with 2 refills; Urine drug screen. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, 8 visits (2 times 4) for the cervical and lumbar spine: 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): Page 58-60,.

Decision rationale: Request: Chiropractic therapy, 8 visits (2 times 4) for the cervical and lumbar spine Per the cited guidelines regarding chiropractic treatment "Elective/maintenance care: Not medically necessary." "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." Patient has already had chiropractic therapy visits for this injury. There is no evidence of ongoing significant progressive functional improvement from the previous chiropractic sessions that is documented in the records provided. Previous conservative therapy notes are not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic therapy, 8 visits (2 times 4) for the cervical and lumbar spine is not fully established for this patient.

Robaxin 750 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: Request: Robaxin 750 mg #60 with 2 refills Robaxin contains Methocarbamol which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. "Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." The level of the pain with and without medications is not specified in the records provided. The need for robaxin on a daily basis with lack of documented improvement in function is not fully established. Evidence of acute exacerbations in this patient is not specified in the records provided. Muscle relaxants are not recommended for a long periods of time. Short term or prn use of robaxin in this patient for acute exacerbations would be considered reasonable appropriate

and necessary. However the need for 60 tablets of robaxin 750 mg, as submitted, is not deemed medically necessary. The medical necessity of Robaxin 750 mg #60 with 2 refills is not established for this patient at this juncture.

Urine drug screen at next appointment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria. Decision based on Non-MTUS Citation ODG Pain chapter Urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Page(s): page 43.

Decision rationale: Request: Urine drug screen at next appointment Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the doctor's note dated 1/12/2015 the medications list includes tylenol#3 and robaxin. Patient has had a urine drug screen on 9/8/2014 which was inconsistent for morphine. It is medically appropriate and necessary to perform a urine drug screen to monitor for the presence of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request of a urine drug screen (at the next appointment) is medically necessary and appropriate for this patient at this juncture.