

Case Number:	CM15-0016046		
Date Assigned:	02/04/2015	Date of Injury:	11/08/2013
Decision Date:	03/31/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/28/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 55 year old woman sustained an industrial injury on 11/8/2013 when in a motor vehicle accident. Current diagnoses include headache and cervical sprain/strain, myospasm, rule out disc protrusions. Treatment has included oral medications, physical therapy, acupuncture, and electrical stimulation. Physician notes dated 12/22/2014 show mild to moderate dull headache, moderate dull achy neck pain with stiffness, heaviness, and weakness to the bilateral upper extremities with numbness and tingling. Recommendations were made for chiropractic therapy, physiotherapy, and kinetic activities. On 12/24/2014, Utilization Review evaluated prescriptions for 24 sessions of chiropractic manipulation to the cervical spine and Ibuprofen 800 mg #60, that were submitted on 1/15/2015. The UR physician noted chiropractic manipulation should be performed in conjunction with other modalities and in the context of functional restoration, instead of a stand alone passive treatment. The Ibuprofen is reasonable to try and reassess for benefit with the provider. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request for chiropractic treatment was denied while the request for Ibuprofen was modified. The requests were then 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:

24 chiropractic manipulation visits for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Therapy Page(s): 58-60.

Decision rationale: According to MTUS, Manual Therapy or Chiropractic Therapy, is recommended for chronic pain if it is caused by musculoskeletal conditions. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend there is insufficient evidence to support neck manipulation of patient with cervical radiculopathy. In this case, the patient has a diagnosis of cervical radiculopathy and medical necessity has not been established. Of note, the patient has had previously approved chiropractic care since May, 2014, and continues to report pain (rated 5/10) on the most recent physical exam on December 17, 2014. The requested service is not medically necessary.

Ibuprofen 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation NSAIDs

Decision rationale: Motrin (Ibuprofen), is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute and chronic pain. There is no evidence of long-term effectiveness for pain or function. The documentation indicates the claimant has had significant neck pain with radiculopathy. Guidelines recommend a maximum dose of Motrin of 3200 mg/day. In this case, there was documentation of the dosage requested. Medical necessity for the requested medication has been established. The requested NSAID is not medically necessary.

Omeprazole 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 41.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic

ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Flexeril 10mg #60: 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): 41.

Decision rationale: According to the reviewed literature, Flexeril (Cyclobenzaprine) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. There is no documentation of functional improvement from any previous use of this medication. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.