

Case Number:	CM15-0116957		
Date Assigned:	06/25/2015	Date of Injury:	08/06/2012
Decision Date:	08/07/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/17/2015

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: Arizona, Michigan

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 65 year old male, who sustained an industrial injury on August 6, 2012. He reported low back pain, right hip pain, right leg pain and right shoulder pain. The injured worker was diagnosed as having status post right middle finger trigger release, right shoulder rotator cuff tear, lumbar discogenic disease, right lower extremity radiculopathy and left lower extremity radiculopathy. Treatment to date has included diagnostic studies, chiropractic care, a home TENS unit, home exercises, medications and work restrictions. Currently, the injured worker complains of continued pain in the right shoulder and low back with associated radiating pain, tingling and numbness to the bilateral lower extremities. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 22, 2015, revealed continued pain as noted with associated symptoms. He noted improvement with chiropractic care and medications. He rated his pain at 8/10 with 10 being the worse and reported he had been out of medications for one month. He reported his pain would be rated at a 4/10 with 10 being the worse while on pain medications. It was noted the range of motion in the lumbar spine was limited and painful. The shoulder joint was positive for impingement. Medications were continued, the home exercises and TENS unit were continued and chiropractic care was recommended. Magnetic resonance imaging (MRI) of the right shoulder on April 21, 2015, revealed no fractures or dislocations, a suspicious for full thickness tear, impingement and other abnormalities. Radiographic imaging of the lumbar spine on April 21, 2015, revealed multiple disc bulges and protrusions, levoscoliosis and possible osteopenia as well as other abnormalities.

Evaluation on April 23, 2015, revealed continued pain. He rated the pain at 6 on a 1/10 scale with 10 being the worse. Chiropractic therapy, 2 times weekly for 12 visits, Flexeril 10mg #30 and Norco 10/325mg # 90 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

Decision rationale: The California MTUS Guidelines recommend short-acting opioids for the treatment of chronic pain. Norco is considered a short-acting opioid. However for continuing use of Norco for chronic pain management the four A's (analgesia, activities of daily living, adverse side effects and aberrant drug behaviors) should be well documented in measurable, objective forms. It was noted the injured worker used Norco for pain however it was not documented if the Norco improved their ability to perform activities of daily living and the analgesic effects were not noted. There was lack of supporting evidence that continued use of Norco was medically necessary. Therefore the request for Norco (hydrocodone) 10/325 mg #60 is not medically necessary.

Flexeril 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

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

Decision rationale: According to California (CA) MTUS Guidelines Cyclobenzaprine (Flexeril) is a second line treatment secondary to high risk of adverse events. Flexeril is recommended for short-term use and to treat acute exacerbations or flare-ups. It was reported the injured worker had been using this medication with no noted improvement in functionality or the ability to perform activities of daily living and no noted decrease in pain frequency or intensity. Flexeril 10mg #30 is not medically necessary.

Chiropractic therapy, 2 times a week for lumbar spine Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: According to the California (CA) MTUS Guidelines six chiropractic visits over two weeks and up to eighteen visits over six to eight weeks with noted objective functional improvement is recommended. It was noted the injured worker received chiropractic care however there was no noted significant improvement in pain or function to authorize additional chiropractic care. There was no chiropractic visit note provided with the documentation and no dates of service noted. Chiropractic care 2 times weekly for 12 visits is not medically necessary.