

Case Number:	CM15-0117717		
Date Assigned:	06/26/2015	Date of Injury:	01/10/2011
Decision Date:	08/25/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/18/2015

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: Pediatrics, 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 60 year old male, who sustained an industrial injury on 1/10/2011. He reported injury to the neck, thoracic spine, lumbar spine, right shoulder, hips and knees following a motor vehicle accident. The injured worker was diagnosed as having cervical neck sprain/strain, chest wall, thorax, ribs contusion, motor vehicle accident. Treatment to date has included medications, chiropractic care, x-rays, and physical therapy. He was returned to full duty work status as of 5/19/2015. He retired on 9/11/2013, and is not currently employed. The request is for chiropractic visits, Norco, and Cyclobenzaprine. On 4/21/2015, he is noted to have completed 7/12 additional physical therapy sessions, which he found helpful. He is noted to take Norco on the evenings of physical therapy. He has been attending his own personal chiropractor and is hoping to try acupuncture at his next visit. His blood pressure is 177/92, and he is noted to be able to stand, walk, and step up to and sit on an exam table with no notable discomfort. On 5/19/2015, he complained of pain to the neck and back. He completed 12/12 physical therapy sessions, and would now like to attend chiropractic sessions. His blood pressure is noted to have remained elevated, and was currently 170/84. He indicated attribution of the elevated blood pressure to the accident. He requested refill on Norco, which he is reported to take in the evening. Physical findings revealed no tenderness or spasm. Objective findings revealed that previous chiropractic treatment has brought no resolution to his symptoms, and in regards to the cervical and lumbar spine, he had attained maximum medical improvement "long ago". The treatment plan included: advising caution with Ibuprofen or Naproxen over the counter given his

elevated blood pressure, request for Cyclobenzaprine, Norco, and additional chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation treatment, 1 visit every other wk for 24 wks, 12 sessions:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the CA MTUS guidelines manual therapy & manipulation is recommended as an option for the low back. Therapeutic care: trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. Recurrences/flare-up: need to re-evaluation treatment success, if return to work achieved then 1-2 visits every 4-6 months. The records indicated that the injured worker retired on 9/11/2013, and had reached maximum medical improvement status. He is noted to be attending his own personal chiropractic sessions, and would like to continue this industrially. The provider noted that previous chiropractic sessions had brought no resolution to his symptoms. Additionally, the provider noted there is no indefinite care, only what is appropriate. The records do not indicate the total number of chiropractic sessions he has already completed, or the results of those sessions. The medical records do not support evidence of objective functional improvement in regards to chiropractic treatment, therefore, the request for chiropractic manipulation treatment 1 visit every other week for 24 weeks, for a total of 12 sessions is not medically necessary.

Norco 5/325 mg Qty 30 (1 every night): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the CA MTUS, Norco is a combination of Hydrocodone & Acetaminophen. Hydrocodone is considered a semi-synthetic opioid, which is considered the most potent oral opioid that does not require special documentation in some states (not including California). The Chronic Pain Medical Treatment Guidelines state that Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. The guidelines note that there are no FDA-approved hydrocodone products for pain unless formulated as a combination. The guidelines state that the usual dose of 5/500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets/day). The guidelines state that Hydrocodone has

a recommended maximum dose of 60mg/24 hours and that the dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The CA MTUS guidelines state there are 4 A's for ongoing monitoring of opioids: analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since the last assessment; average pain, intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The records in this case do not indicate satisfactory response to treatment, functional status, appropriate medication use, side effects with the utilization of Norco, or pain relief. In addition, the records in this case do not indicate the injured worker's current pain, least reported pain over the period since the last assessment, average pain, and intensity of pain after taking Norco, how long it takes for pain relief, and how long pain relief lasts. Therefore, the request for Norco 5/325 mg Qty 30 (1 every night) is not medically necessary.

Cyclobenzaprine 5 mg Qty 30 (1 every night): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain); Antispasmodics Page(s): 41-42, 63-64.

Decision rationale: The MTUS guidelines recommend muscle relaxants only for short-term use of no longer than 2-3 weeks, and only as a second line option. Muscle relaxants are found to be most effective in the first 4 days with efficacy diminishing over time. In most low back pain cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Per the CA MTUS, Cyclobenzaprine (Flexeril) is considered a muscle relaxant. There is limited, mixed evidence that does not allow for a recommendation for chronic use. The records are unclear regarding when Cyclobenzaprine was originally prescribed for the injured worker. Additionally, the records in this case do not demonstrate the injured worker was having muscle spasms. Therefore, the request for Cyclobenzaprine 5 mg Qty 30 (1 every night) is not medically necessary.