

Case Number:	CM15-0119439		
Date Assigned:	06/29/2015	Date of Injury:	03/14/2014
Decision Date:	09/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/20/2015

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: Emergency 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 35 year old male, who sustained an industrial injury on 03/14/2014 when he reported suffering a cumulative trauma injury to his low back and right hip and was diagnosed with a lumbar sprain. The injured worker is currently not working but able to return to work with modifications. The injured worker is currently diagnosed as having history of lumbar strain with rule out worsening lumbar bulging disc, right hip pain, and leg pain. Treatment and diagnostics to date has included Epsom salt baths, ice packs, six chiropractic sessions with persistent pain, lumbar spine MRI which showed disc protrusion and foraminal narrowing with a small annular fissure and mild facet degeneration, physical therapy, and medications. In a progress note dated 05/22/2015, the injured worker presented with complaints of persistent low back pain rated 6 out of 10 on the pain scale. The injured worker states his pain level improves from 8 out of 10 to 5-6 out of 10 when taking his Norco. The injured worker also had complaints of sleep disturbances and difficulty falling asleep at night. Objective findings include lumbar paraspinal tenderness and spasm. The treating physician reported requesting authorization for additional chiropractic treatments, Norco, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic services for the low back, six sessions: Upheld

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

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

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, chiropractic care is recommended as an option for the low back with a therapeutic trial of "6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks". The documentation submitted indicates that the injured worker has had six visits of chiropractic care. However, the notes fail to document and significant objective functional improvement to warrant continuation. Pain medications were renewed without any mention of decreasing dosing or frequency. There is no documentation to assess activities of daily living. Guidelines do not recommend maintenance care. Therefore, based on the Guidelines and the submitted records, additional chiropractic treatment is not medically necessary.

Norco 10/325 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines discourage long term usage unless there is evidence of "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 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 treating physician does document the least reported pain over the period since last assessment and average pain, but does not include the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function. The request did not include dosing or frequency. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Norco is not medically necessary.

Ambien 10 mg, thirty count: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Insomnia Treatment.

Decision rationale: Regarding the request for Ambien, California MTUS Guidelines are silent. Official Disability Guidelines (ODG) recommends that "pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or mental illness....the specific component of insomnia should be addressed: sleep onset, sleep maintenance, sleep quality, and next day functioning". The treating physician noted complaints of sleep disturbances and difficulty falling asleep at night without any previously noted prescriptions for any pharmaceutical sleep aids. Therefore, the request for Ambien is medically necessary.