

Case Number:	CM15-0178694		
Date Assigned:	09/18/2015	Date of Injury:	01/31/2012
Decision Date:	11/10/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/10/2015

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: California

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 31 year old male, who sustained an industrial-work injury on 1-31-12. He reported initial complaints of back pain. The injured worker was diagnosed as having thoracic sprain, lumbar sprain, and lumbar radiculitis. Treatment to date has included medication, chiropractic treatment, and diagnostics. Currently, the injured worker complains of constant mid to low back pain rated 6-7 out of 10. Work duty was modified. Meds included Norco, Tizanidine, and Fenoprofen. Per the primary physician's progress report (PR-2) on 8-12-15, exam noted decreased range of motion in lateral flexion and rotation and tenderness. Current plan of care includes medication, request for chiropractic care, weight loss and exercise discussion, and follow up. The Request for Authorization date was 8-12-15 and requested services to include Retro Norco 10-325 mg #60 with a dos of 8-12-2015, Retro Tizanidine 4 mg #30 with a dos of 8-12-2015, Chiropractic to lumbar spine 2 times a week for 3 to 4 weeks, and Retro Fenoprofen 400 mg #60 with a dos of 8-12-2015. The Utilization Review on 8-19-15 denied the request for Norco due to inconsistent drug screen and lack of documentation for reduced pain levels or functional improvement and long-term use is not recommended. Tizanidine is not recommended for long-term use and recommend for short-term use of acute exacerbations or may lead to dependence in long-term use. Prior chiropractic sessions were completed without evidence of functional improvement. NSAIDS are used at the lowest dose for the shortest period of time and long term use may give potential adverse events, per CA MTUS (California Medical Treatment Utilization Schedule) chronic Pain Medical Treatment Guidelines (May 2009).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325 mg #60 with a dos of 8/12/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Retro Norco 10/325 mg #60 with a dos of 8/12/2015 is not medically necessary.

Retro Tizanidine 4 mg #30 with a dos of 8/12/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Tizanidine is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time. Retro Tizanidine 4 mg #30 with a dos of 8/12/2015 is not medically necessary.

Chiropractic to lumbar spine 2 times a week for 3 to 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. This patient has completed previous chiropractic treatments, which did not result in functional improvement. Chiropractic to lumbar spine 2 times a week for 3 to 4 weeks is not medically necessary.

Retro Fenoprofen 400 mg #60 with a dos of 8/12/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Retro Fenoprofen 400 mg #60 with a DOS of 8/12/2015 is not medically necessary.