

Case Number:	CM15-0022240		
Date Assigned:	02/11/2015	Date of Injury:	07/20/2001
Decision Date:	05/18/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/05/2015

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: Physical Medicine & Rehabilitation

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 64-year-old female who reported an injury on 07/20/2011. The mechanism of injury was not specifically stated. The current diagnoses include cervical radiculopathy, and cervical facet arthropathy. Treatment to date has included home exercise program, medication regimen, and urine drug screen. The injured worker presented on 02/11/2015, for a followup evaluation. The provider indicated the injured worker was stable on the current medication regimen, which continued to provide functional pain relief. The injured worker reported 7/10 pain. The current medication regimen includes Robaxin 500 mg and Norco 10/325 mg. There was no comprehensive physical examination provided on the requesting date. The injured worker was issued a refill of Robaxin 500 mg and Norco 10/325 mg. In addition, the injured worker was instructed to continue with the home exercise regimen. The provider also indicated the current medication regimen was consistent with guidelines. Unannounced urine drug screens were performed routinely, and a CURES database was reviewed on a routine basis as well. A Request for Authorization form was then submitted on 02/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manual Therapy x 8: 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 Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 8 sessions of manual therapy would exceed guideline recommendations. In addition, the request as submitted failed to indicate the specific body part to be treated. As such, the request is not medically appropriate at this time.

Aqua Therapy x 8: 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 Page(s): 22.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy is specifically recommended where reduced weightbearing is desirable. In this case, there was no indication that this injured worker required reduced weightbearing as opposed to land based physical therapy. There was no comprehensive physical examination provided. The request as submitted also failed to indicate the specific body part to be treated. Given the above, the request is not medically appropriate at this time.

Toxicology Screen: 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 Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.

Norco 10/325mg #120: 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 Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of objective functional improvement despite the ongoing use of Norco 10/325 mg. The injured worker has continuously utilized the above medication since at least 08/2014. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Robaxin 500mg #60: 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 Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In this case, there was no comprehensive physical examination provided. There is no evidence of palpable muscle spasm or spasticity upon examination. There is also no frequency listed in the request. The injured worker has utilized the above medication since at least 08/2014. The guidelines do not support long term use of muscle relaxants. Given the above, the request is not medically appropriate.