

Case Number:	CM15-0068776		
Date Assigned:	04/16/2015	Date of Injury:	01/09/2013
Decision Date:	05/15/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/10/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on January 9, 2013. Treatment to date has included chiropractic therapy. Currently, the injured worker complains of neck pain. She reports three significant flare-ups all of which were on the right side of the cervical region. On examination, she has tenderness to palpation of the paracervicals and the trapezius muscles with generalized tenderness in the lower cervical region and into the upper thoracic spine. Diagnoses associated with the request included shoulder joint pain, displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, spinal stenosis of the cervical region, disorder of bursa of the shoulder region and full thickness rotator cuff tear. Her treatment plan includes physical therapy, pain medication and muscle relaxants. A progress report dated March 18, 2015 recommends physical therapy to attempt traction. The note states that the patient has had multiple flare-ups since the last visit, and states that she is not using any medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Traction Collar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervical Traction. Decision based on Non-MTUS Citation Official Disability Guidelines Cervical Traction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Traction.

Decision rationale: Regarding the request for cervical traction unit, Occupational Medicine Practice Guidelines state that there is no high-grade scientific evidence to support the use of traction. They go on to state the traction is not recommended. They state that these palliative tools may be used on a trial basis that should be monitored closely. ODG states that home cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. They go on to state that powered traction devices are not recommended. Guidelines go on to state that the duration of cervical traction can range from a few minutes to 30 minutes, once or twice weekly to several times per day. Additionally, they do not recommend continuing the use of these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Within the documentation available for review, there is no indication that the patient has undergone a trial of cervical traction with identification of objective functional improvement. The current request for traction is open ended with no duration specified. Guidelines do not support the open-ended application of cervical traction unless there has been documentation of objective functional restoration during a 2 to 3 week trial period. In the absence of clarity regarding those issues, the currently requested cervical traction with air bladder is not medically necessary.

Cyclobenzaprine 5mg #30 with no refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does appear the patient has had multiple flare-ups, and has not tried muscle relaxant medication. Previous notes indicate that the patient has tried NSAIDs but continues to have symptoms. Therefore, a short-term trial of muscle relaxants is reasonable to address flare-ups. Therefore, the currently requested cyclobenzaprine (Flexeril) is medically necessary.

Hydrocodone 5-325mg #60 with no refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears the patient has previously failed NSAID medication, has significant pain limiting function, and has physical examination findings supporting her diagnosis. There is no indication that the patient has tried opiate pain medication previously. As such, a trial opiate pain medication seems reasonable. Ongoing use of this medication would require documentation of analgesic efficacy, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. In light of the above, the currently requested Norco is medically necessary.