

Case Number:	CM15-0079431		
Date Assigned:	04/30/2015	Date of Injury:	10/13/2010
Decision Date:	06/11/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/24/2015

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, Tennessee
 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 51-year-old male who sustained an industrial injury on 10/13/10 attributed to repetitive activity resulting in pain in the left leg, back, neck, right arm and right elbow area. He currently (4/8/15) complains of neck pain and headaches. The headaches have been persistent for the past two to three years. His neck pain radiates into the right upper extremity. He is forgetting things. Without the medication he is in constant pain and non-functional. He takes Norco, Neurontin. A urine drug screen was requested 4/8/15. On physical exam he has restricted range of motion of the cervical spine His diagnoses include status post right ulnar depression at the elbow and submuscular atrophy for severe cubital tunnel syndrome with right medial epicondyloplasty with partial medial epicondyloplasty for medial epicondylitis; cervical sprain; status post bilateral elbow surgeries; cervical discogenic disease; lumbar strain; lumbar radiculitis; right carpal tunnel syndrome. He has been treated with surgery, acupuncture, physical therapy, home exercise program, medications, chiropractic sessions with improvement (3/27/15) and psychological assessment. Diagnostic studies include MRI of the lumbar spine (1/25/14) showing degenerative disc disease and facet arthropathy and retrolisthesis at C6-7. In the progress note, dated 4/8/15 the treating provider's plan of care includes chiropractic care 2x4 concentrating on the neck, low back and bilateral upper extremities to alleviate symptoms. Norco as needed for moderate to severe pain as it makes him functional and decreases pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2xwkx4wks/8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 58.

Decision rationale: Manual therapy and evaluation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Recommended treatment parameters are as follows: Time to produce effect ? 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case the patient has had prior benefit with chiropractic therapy. However, the requested number of 8 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request should not be medically necessary.

Norco tab 10-325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case, the patient has been receiving since at least and has not

obtained analgesia. Criteria for long-term opioid use have not been met. The request should not be medically necessary.