

<b>Case Number:</b>	CM13-0019983		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease, and is licensed to practice in Texas. 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 physician 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/services.

### 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 patient is a 53-year-old male who reported an injury on 01/28/2013. The injury was noted to have occurred while he was removing old roofing material and experienced pain and soreness of the back when he bent over at the waist and picked up a metal pry bar. His diagnosis was noted as lumbar strain. The physical exam findings included tenderness to palpation of the lumbar paravertebral muscles L4-5, spinous processes, and right sacroiliac joints; paravertebral muscle guarding, spasm in the quadratus lumborum muscles and right gluteal muscles; decreased range of motion of the lumbar spine; normal deep tendon reflexes, sensation, and motor strength; and positive right straight leg raise. A recommendation was made for chiropractic treatment 3 times a week for 4 weeks for the lumbar spine. It was also noted that the patient was using naproxen 550 mg twice a day and tramadol 50 mg 3 times a day for pain. It is indicated that the patient was previously approved for 6 chiropractic visits. At his 07/30/2013 office visit, it was noted that the patient complained of difficulty sleeping and a new prescription was noted for Toprophan supplements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six chiropractic manipulation sessions for the lumbar spine:** 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 Section Page(s): 58.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that manual therapy manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the treatment of conditions related to low back, it is recommended as an option. The guidelines specify that a trial of 6 visits over 2 weeks is recommended, then with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks are recommended. The patient was noted to have previously had 6 visits of chiropractic care. However, the documentation submitted for review failed to show evidence of measurable objective functional improvement following his initial 6 visits. The request for six chiropractic manipulation sessions for the lumbar spine is not medically necessary or appropriate.

**One prescription of Toprophan #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Vitamin B & Herbal Medicines Section

**Decision rationale:** It was noted in the medical records that the patient was prescribed Toprophan after being assessed for sleep disturbance. Toprophan is noted to be a medical nutritional supplement consisting of vitamin B6, L-tryptophan, camomile, valerian extract, melatonin, inositol, and other ingredients. The Official Disability Guidelines state that vitamin B supplementation is not recommended. It states that vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. The Official Disability Guidelines also state that recommended herbal medications include devils claw, white willow bark, and cayenne. As the guidelines state that vitamin B is not recommended, and there are no recommendations made for Toprophan as an herbal medication, the request is not supported. The request for one prescription of Toprophan #30 is not medically necessary or appropriate.

**One prescription of Tramadol 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Section Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that for patients taking opioids medications, including tramadol, ongoing management should include documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should also 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. Additionally, specific documentation is required regarding the 4 A's for ongoing monitoring (which includes Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug taking behaviors). The documentation provided for review fails to give detailed documentation regarding the patient's prescription for tramadol, its effect, and other documentation as required by the guidelines. Moreover, the documentation fails to address the 4 A's for ongoing monitoring. The request for one prescription of Tramadol 50mg #90 is not medically necessary or appropriate.