

<b>Case Number:</b>	CM13-0034377		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 an employee of [REDACTED] and has submitted a claim for chronic pain syndrome, cervical spondylosis, irritable bowel syndrome, and adjustment disorder with mixed anxiety and depressed mood associated with an industrial injury date of 03/04/2011. Treatment to date has included psychotherapy, and medications such as tylenol, Bentyl, tramadol, Neurontin, Prilosec, therabenzaprine, topical analgesics, Xanax, and Soma. Medical records from 2012 to 2013 were reviewed showing that patient complained of persistent and severe neck, mid and low back pain. She also complained of recurrent migraines, not relieved by medications. She also had sleep problems and easy fatigability. She tried to exercise regularly, however, was limited due to pain and fatigue. Physical examination showed tenderness over the posterior cervical, bilateral trapezius, and lower lumbar area. Tightness was noted at upper, mid-, and low back areas. Forward flexion was within 1 fingerbreadth of chin-to-chest; extension at 20 degrees; and lateral rotation at 70 degrees bilaterally. Range of motion of lumbar spine was 60 degrees towards flexion, 10 degrees towards extension, and 30 degrees of lateral bending. Utilization review from 09/27/2013 denied the requests for prescription of Bentyl 40mg, 1 bid, #60; massage therapy 3 times per week for 12 weeks; yoga or pilates classes 3 times per wk for 12 weeks; and Bentyl 40mg once-twice a day, #60. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF BENTYL 40MG 1 BID #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON- MTUS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food And Drug Administration, Bentyl.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Food and Drug Administration was used instead. It states that dicyclomine hydrochloride (Bentyl) is an antispasmodic and antimuscarinic agent indicated for the treatment of functional bowel/irritable bowel syndrome. In this case, patient complained of constipation that was more frequent than diarrhea. However, this was only documented in a progress report dated October 2012. The current clinical and functional status of the patient is not known since the most recent progress reports do not include subjective and objective findings significant for assessing irritable bowel syndrome. Furthermore, there is a current simultaneous request for Bentyl 40 mg one twice a day #60. It is unclear why two requests for a similar drug is being appealed. Therefore, the request for prescription of Bentyl 40mg 1 bid #60 is not medically necessary.

**MASSAGE THERAPY 3 TIMES PER WEEK FOR 12 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Â§9792.24.2 Page(s): 60.

**Decision rationale:** As stated on page 60 of CA MTUS Chronic Pain Medical Treatment guidelines, massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In this case, the rationale given for this request is to alleviate the pain and extreme tightness at lumbar area. Patient has been complaining of persistent, severe mid and low back pain. Although patient tried to exercise regularly, she had limitations due to pain and fatigue. It is unclear if the patient will continue to perform her exercise regimen while undergoing massage therapy due to lack of documentation. Furthermore, the present request exceeds the guideline recommendation of 4-6 visits. Therefore, the request for massage therapy 3 times per week for 12 weeks is not medically necessary.

**YOGA OR PILATES CLASSES 3 TIMES PER WK FOR 12 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Yoga.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines, (ODG), Low Back Section was used instead. It states that yoga, including Pilates, is recommended as an option only for select, highly motivated patients. Since outcomes from this therapy are very dependent on the highly motivated patient, we recommend approval only when requested by such a patient, but not adoption for use by any patient. In this case, the rationale given for this request is to allow for regular exercise / stretching, and to alleviate stiffness. However, medical records submitted and reviewed do not provide evidence that patient is a highly motivated individual to be enrolled in this program. She has been diagnosed with mixed anxiety and depressed mood disorder. Furthermore, she reported to have limitations in her exercise regiment due to pain and fatigue. The guideline criteria have not been met. Therefore, the request for yoga or pilates classes 3 times per wk for 12 weeks is not medically necessary.