

<b>Case Number:</b>	CM13-0038501		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Family Practice, 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 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. 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 a 52-year-old female who reported injury on 07/09/2012. The mechanism of injury was noted to be cumulative trauma. The patient was noted to have severe pain across the neck, arms, hands, fingers, and thumbs. The patient's pain was noted to be 6/10 overall. It was indicated without medications, especially the Neurontin, the patient would be bedridden. The patient's pain level was noted to be 6/10 to 7/10 since discontinuing chiropractic and acupuncture care. The patient was noted to have 6 sessions of chiropractic treatment and 6 sessions of acupuncture. It was further indicated that the combined sessions had been the only thing that was beneficial at that time. The patient's examination of the cervical spine revealed spasms, pain, and decreased range of motion. There was noted to be facet tenderness. There was noted to be weakness in the biceps and triceps at 4/5. Radiculopathy was noted bilaterally at the C5-7 level and the patient was noted to have hypersensitivity to light touch. The patient was noted to have cervical radiculopathy, cervical HNP (herniated nucleus pulposus), bilateral upper extremity radicular pain and bilateral trigger thumbs. There is a request for a refill of medication, continued acupuncture treatment, continued chiropractic treatment, continued medications, and a repeat office visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS Guidelines indicate that muscle relaxants are supported as a second-line therapy for a short term treatment of acute exacerbations of chronic low back pain. They are not supported for longer than 2 to 3 weeks. The patient previously was noted to have been taking Soma, which is also classified as a muscle relaxant. There was a lack of documentation indicating the patient's objective functional benefit received from the medication. There is lack of documentation indicating the necessity for long term treatment. Additionally, per the submitted request, there was a lack of documentation indicating the quantity of Flexeril 7.5 mg being requested. Given the above, the request for Flexeril 7.5 mg is not medically necessary.

**Restoril 30mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend benzodiazepines for long term use and it is limited to 4 weeks. The guidelines further indicate that chronic benzodiazepines are the treatment of choice in very few conditions. There was lack of documentation indicating the functional benefit of the medication. Additionally, there was lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for Restoril 30 mg is not medically necessary

**Norco 12/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Medications for Chronic Pain, Section Ongoing management, Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines indicate that opiates are appropriate medications for the treatment of chronic pain. There should be documentation of an objective decrease in the VAS (visual analogue scale) score, objective functional improvement, adverse side effects, and aberrant drug-taking behavior. The clinical documentation submitted for review failed to provide documentation of the above. The request as submitted failed to indicate a

quantity of medication being requested. Given the above, the request for Norco 12/325 mg is not medically necessary.

**Neurontin 600mg:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Medications for Chronic Pain Page(s): 60.

**Decision rationale:** The California MTUS Guidelines indicate that Neurontin is an appropriate medication for the relief of chronic pain. There should be documentation of objective functional improvement with the medication. The clinical documentation submitted for review indicated that the patient's pain was a 6/10. However, without medication, especially Neurontin, the patient was noted to be bedridden. There was lack of documentation indicating the quantity of Neurontin being requested. Additionally, there was a lack of documentation of the objective functional improvement with the medication. Given the above, the request for Neurontin 600 mg is not medically necessary.

**Prilosec 20mg:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDS (Nonsteroidal anti-inflammatory drugs), Page(s): 69.

**Decision rationale:** The California MTUS Guidelines indicate that PPIs (Proton-pump inhibitors) are recommended to treat dyspepsia secondary to NSAID (Nonsteroidal anti-inflammatory drug) therapy. The clinical documentation submitted for review failed to provide the patient had signs and symptoms of dyspepsia. There was lack of documentation per the submitted request indicating the quantity of Prilosec being requested. Given the above, the request for Prilosec 20 mg is not medically necessary.

**Physical therapy 2 times a week for six weeks 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing

soft tissue injuries. The treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review failed to indicate the quantity of sessions of physical therapy the patient has participated in. Additionally, there was lack of documentation indicating functional benefit that was received from treatment as well as functional deficits remaining to support ongoing treatment. There was a lack of documentation indicating a necessity for physical therapy 2 times per week for 6 weeks to equal 12 visits. Given the above, the request for physical therapy 2 times a week for 6 weeks, 12 visits, is not medically necessary.

**Acupuncture 2 times a week times 4 weeks, 8 visits: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. There is a lack of documentation indicating the patient had a clinically significant improvement in activities of daily living or a reduction in work restrictions with prior treatment. Additionally there was lack of documentation per the submitted request for the part of the body that was being treated. Given the above, the request for acupuncture 2 times per week for 4 weeks, or 8 visits, is not medically necessary.

**Chiropractic 2 times a week times 4 weeks, 8 visits: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Manual Therapy Page(s): 58-59.

**Decision rationale:** The California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6 to 8 weeks may be appropriate. The treatment for flare-ups requires a need for re-evaluation of prior treatment success. The treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist, and hand or the knee. Also, the time to produce effect is indicated as 4 to 6 treatments several studies of manipulation have looked at duration of

treatment, and they generally showed measured improvement within the first few weeks or 3 to 6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The treatment beyond 4-6 visits should be documented with objective improvement in function. The clinical documentation submitted for review failed to indicate objective functional benefit and objective improvement with the previous chiropractic care and the number of sessions the patient participated in. Additionally, there was lack of documentation per the submitted request for the body part being treated with chiropractic care. Given the above, the request for chiropractic 2 times a week times 4 weeks, 8 visits is not medically necessary.

**Follow-up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Office Visits.

**Decision rationale:** The Official Disability Guidelines (ODG) indicate that the need for a clinical office visit with a healthcare provider is individualized based upon the review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review failed to provide documented rationale for the necessity for a follow-up and failed to indicate the quantity of time between the patient's last visit and the follow-up. Given the above, the request for a follow-up is not medically necessary.