

<b>Case Number:</b>	CM13-0039303		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	04/21/2008
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Physical Medicine and Rehabilitation 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 55-year-old female who reported an injury on 04/21/2008 after she was lifting a 12-pound box that reportedly caused injury to her back. The patient's treatment history has included physical therapy, a home exercise program, acupuncture, and a TENS unit. The patient underwent an MRI in 07/2008 that revealed the patient had mild to moderate disc bulging at the L4-5 and L5-S1 levels without significant nerve root involvement or central canal stenosis. At the patient's most recent clinical examination, findings included restricted range of motion of the lumbar spine with evidence of paravertebral tenderness, spasming, and trigger points. It was noted that the patient had tenderness to palpation over the L4-5 spinous process and a positive facet loading test to the right. The patient had a positive straight leg raising test at 50 degrees on the right side. The patient's sensory examination revealed light touch sensation is decreased over the posterior thigh, lateral thigh, and hyperesthesia. It was present over the posterior thigh, medial thigh, lateral thigh and groin of the right side and left side. The patient's treatment recommendations included trigger point injections, continued chiropractic care, increase in Lyrica, the addition of Norco to the patient's treatment plan, and the discontinuation of Vicodin, due to lack of effectiveness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Lumbar Spine qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**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 chapter, MRI.

**Decision rationale:** The requested MRI of the lumbar spine is not medically necessary or appropriate. The Official Disability Guidelines recommend repeat imaging only if there is documentation of significant progression of neurological deficit or a change in the patient's pathology. The clinical documentation submitted for review does indicate that the patient had an MRI in 07/2008. However, the patient's most recent documentation does not indicate that the patient has any significant neurological deficits or a change in pathology to support the need for a repeat imaging study. Although the patient has had persistent pain complaints, this is not a criterion for a repeat imaging study. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

**Lyrica 75mg qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Antiepilepsy drugs (AEDs), Page(s): 60, 16.

**Decision rationale:** The requested Lyrica 75 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of anticonvulsants in the treatment of a patient's chronic pain. However, California Medical Treatment Utilization Schedule recommends that documentation of functional benefit and significant pain relief support the continued use of these medications. The clinical documentation submitted for review does not provide any evidence that the patient has any functional benefit or significant pain relief as a result of these medications. The patient's most recent documentation indicated that the patient had 8/10 to 9/10 with occasional 10/10 pain. Therefore, the effectiveness of this medication is not clearly determined by the submitted documentation. As such, the requested Lyrica 75 mg is not medically necessary or appropriate.

**Vicodin 5- 500mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The requested Vicodin 5/500 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a continued use of opioids in the

management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not clearly identify that the patient is monitored for aberrant behavior. Additionally, there is no documentation of functional benefit related to medication usage. The clinical documentation fails to provide an adequate assessment of the patient's pain relief related to usage of this medication. As such, the continued use of this medication is not supported. The requested Vicodin 5/500 mg is not medically necessary or appropriate.

**Diclofenac Sod Er 100mg qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 60, 67.

**Decision rationale:** The requested diclofenac sodium ER 100 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of non-steroidal anti-inflammatory drugs in the management of a patient's pain. However, California Medical Treatment Utilization Schedule recommends that these medications be supported by documentation of functional benefit and significant pain relief. The clinical documentation submitted for review fails to provide any evidence that the patient has functional benefit related to medication usage. Additionally, it is documented that the patient has 8/10 to 9/10 pain, with occasional increases to 10/10 pain. There is no documentation that the patient receives any pain relief from medication usage. Therefore, continued use of this medication would not be supported. As such, the requested diclofenac sodium ER 100 mg is not medically necessary or appropriate.

**Norco 10-325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The requested Norco 10/325 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not clearly identify that the patient is monitored for aberrant behavior. Additionally, there is no documentation of functional benefit related to medication usage. The clinical documentation fails to provide an adequate assessment of the patient's pain relief related to usage of this medication. As such, the

continued use of this medication is not supported. The requested Norco 10/325 mg is not medically necessary or appropriate.

**Chiropractic session qty 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractics Page(s): 58-59.

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

**Decision rationale:** The requested chiropractic sessions (quantity 6) is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has a significant history of chiropractic care. California Medical Treatment Utilization Schedule does recommend 1 to 2 visits of chiropractic care for acute flare-ups if return to work is achieved. The requested 6 chiropractic sessions is in excess of this recommendation. The clinical documentation submitted for review does not provide any evidence of exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested chiropractic sessions (quantity 6) is not medically necessary or appropriate.