

<b>Case Number:</b>	CM13-0040367		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/14/2008
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 38-year-old male who reported an injury on 01/14/2008. The injured worker reportedly sustained an injury to his low back. The injured worker was evaluated on 09/11/2013. It was noted within the documentation that there had been no treatment history with the requesting provider since 12/21/2011. Physical evaluation at that time included tenderness to palpation of the paravertebral musculature with decrease motor strength in the extensor hallucis longus and ankle dorsiflexor rated at 4/5 with reduced sensation in the entire right foot. It was noted that the injured worker had been taking Ibuprofen over the counter as needed for pain control. The injured worker's treatment plan included medication prescriptions of Omeprazole, Orphenadrine, and Ketoprofen. The injured worker was evaluated on 10/09/2013. It was documented that the injured worker had persistent significant low back pain and continued to work without modifications. Physical findings remained unchanged to the prior appointment. The injured worker's treatment plan included continuation of medications, an MRI, and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE SESSIONS 3 TIMES PER WEEK FOR 4 WEEKS, FOR TREATMENT OF THE LOW BACK: 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 Acupuncture Treatment Guidelines recommends acupuncture as an adjunct therapy to an active restoration program. The clinical documentation submitted for review does not indicate that the injured worker was participating in any type of active therapy at the time of the request. Additionally, California MTUS recommends a 6 visit clinical trial to establish efficacy of this treatment modality and to support further acupuncture treatments. The clinical documentation submitted for review does not provide any evidence that the injured worker had previously undergone acupuncture treatment. Therefore, a 6 visit clinical trial would be appropriate for this patient. However, the requested 12 treatments exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. The request for acupuncture sessions 3 times per week for 4 weeks for the treatment of the low back is not medically necessary and appropriate.

**PRESCRIPTION OF ORPHADRINE ER 100MG BID, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines does not recommend muscle relaxants to treat chronic pain. Additionally, the MTUS recommends short course of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for longer than 4 weeks. Therefore, continued use would not be supported. The request for a prescription of Orphenadrine extended release 100 mg twice a day #60 is not medically necessary and appropriate.

**PRESCRIPTION OF KETOPROFEN 75MG BID PRN, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60; 67.

**Decision rationale:** The California MTUS does recommend nonsteroidal anti-inflammatory drugs in the management of chronic pain. However, MTUS guidelines recommends continued use of medications in the management of chronic pain be supported by documentation of functional benefit and symptom response. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for at least 4 weeks. Therefore, efficacy should be established prior to determining the need to extend treatment. The request for

a prescription of Ketoprofen 75 mg twice a day as needed #60 is not medically necessary and appropriate.