

<b>Case Number:</b>	CM13-0050389		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/20/2001
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Emergency Medicine 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 64-year-old injured worker who was injured on September 20, 2001. The patient continues to experience low back pain. Physical examination showed 2 + lumbosacral muscle spasms on straight leg raises. Diagnoses included chronic low back pain syndrome with lumbar radiculopathy and back spasms. Treatment included home exercises and prescription medications. Requests for authorization for 24 chiropractic sessions, Norco 7.5/325, and Flexeril 10 mg were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **24 chiropractic sessions to include massage and myofascial therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 - Lumbar & Thoracic: Manipulation.

**Decision rationale:** The Official Disability Guidelines (ODG) for therapeutic treatment are for 6 visits for 2 weeks for mild symptoms and trial of 6 visits for 2 weeks for severe symptoms. If there is objective evidence of functional improvement after 6 visits in severe cases, a total of 18

visits over 6-8 weeks is recommended. In this case the request is for 24 visits. A trial of 6 visits should be obtained first with reassessment to see if there has been any functional improvement. This was not done in this case. In addition the request is for 24 visits which surpass the total recommended of 18. The request for 24 chiropractic sessions to include massage and myofascial therapy is not medically necessary and appropriate.

**Norco 7.5/325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 74-96.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient had been receiving opioids since at least with July 2012. There is no documentation that analgesia has been obtained. In addition there is no documentation that an opioid contract was signed or that urine drug testing has occurred. Criteria for chronic opioid use have not been met. The request for Norco 7.5/325mg is not medically necessary and appropriate.

**Flexeril 10 mg:** Upheld

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

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

**Decision rationale:** Flexeril is the muscle relaxant cyclobenzaprine. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days.

Treatment should be brief. In this case the patient had been on flexeril since at least July 2012. This surpasses the definition of short-term which is 2 weeks. In addition, there is no documentation in the medical record that the medication has been effective. Medical efficacy has not been established. The request for Flexeril 10mg are not medically necessary and appropriate.

**Neurontin 100 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 18-19.

**Decision rationale:** Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It has been given FDA approval for treatment of post-herpetic neuralgia. Gabapentin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated. Side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, dry mouth, and weight gain. Gabapentin has also been used for spinal cord injury, fibromyalgia, and lumbar spinal stenosis. In this case the patient is not suffering from any of the indications for the medication. Documentation in the medical record does not support neuropathic pain. The request for Neurontin 100mg is not medically necessary and appropriate.