

<b>Case Number:</b>	CM13-0071391		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	05/14/1998
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 05/14/1999. The worker was reportedly injured while holding a pole on a bus. The clinical note dated 12/05/2014 noted the injured worker presented with complaints of pain in the low back, buttocks, neck, and shoulders. The physical exam of the injured worker revealed that she was moving slowly with pain, she was forward flexed at the waist; she was walking with a cane, and was tender at the buttocks areas. The injured worker was diagnosed with chronic low back pain with history of multilevel lumbar fusion from 03/2000, possible piriformis muscle syndrome, chronic cervicogenic headaches, and chronic neck and upper extremity pain. The provider recommended yoga of 10 sessions, Percocet 10/325 mg, Topamax 25 mg, Lexapro 10 mg, Flexeril 10 mg, and Biofreeze with quantity of 2. The request for authorization form was not included in the medical documents for review. The providers rational for the request were not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**YOGA 10 SESSIONS:** 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), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Yoga Page(s): 126.

**Decision rationale:** The request for yoga 10 sessions is non-certified. The California MTUS recommend yoga as an option only for select, high motivated injured workers. There is considerable evidence of efficacy for mind-body therapy such as yoga in the treatment of chronic pain. The outcomes from this therapy are very dependent on highly motivated injured worker. The provider did not include the site at which the yoga sessions were intended for or the frequency of the visits. There was lack of evidence of a complete assessment of the injured worker's functional condition which demonstrated objective functional deficits and established a baseline by which to measure functional improvements for the requested yoga sessions. As such, the request is not medically necessary.

**RETROSPECTIVE PERCOCET 10/325 # 120 X 1 REFILL QUANTITY 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

**Decision rationale:** The request for Percocet 10/325 mg with 120 quantities and 1 refill is non-certified. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior, and side effects. As such, the request is not medically necessary.

**RETROSPECTIVE LEXAPRO 10 MG QUANTITY 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-16.

**Decision rationale:** The request for Lexapro 10 mg with quantity of 60 is non-certified. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only patient outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality, and duration, and psychological assessment. Side effects, including excessive sedation should be assessed. It is recommended that these outcome measurements should be initiated at least 1 week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most trials have been of short duration, 6 to 12 weeks. There is a lack of evidence of an objective assessment of the

injured worker's pain level. The providers rationale for the request were not included within the documentation. Therefore, the request is not medically necessary.

**RETROSPECTIVE FLEXERIL 10 MG QUANTITY 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** The request for Flexeril 10 mg with quantity of 60 is non-certified. The California MTUS Guidelines recommend Flexeril is an option for short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that the shorter courses may be better. Treatment should be brief. The request for Flexeril 10 mg with a quantity of 60 exceeds the guideline recommendation of short-term therapy. The provided medical records lack documentation of significant objective functional improvement with the medication. The provider's rationale for the request was not provided within the documentation. As such, the request is not medically necessary.

**RETROSPECTIVE BIOFREEZE QUANTITY 2: 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, Biofreeze.

**Decision rationale:** The request for Biofreeze with quantity of 2 is non-certified. The Official Disability Guidelines recommend Biofreeze as an optional form of cryotherapy for acute pain. Biofreeze is a non-prescription topical cooling agent with the active ingredient of menthol that takes the place of ice packs. Whereas ice packs only worked for a limited period of time, Biofreeze can last much longer before reapplication. A recent study concluded that Biofreeze on acute low back pain resulted in significant pain reduction. The included medical documents lack evidence a complete and accurate pain assessment and documented efficacy of the medication. Also, the guidelines recommend Biofreeze in the acute phase of pain; it appeared the injured worker has chronic issues as opposed to acute issues. As such, the request is not medically necessary.