

<b>Case Number:</b>	CM14-0000274		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	12/01/2003
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 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 patient is an employee of [REDACTED] and has submitted a claim for low back pain with an industrial injury date of December 1, 2003. The treatment to date has included an unknown number of chiropractic sessions, and medications including Tramadol 50 mg 1 tab q6-8h for pain (started December 2012), Lorazepam 1 mg 1 tab qd for anxiety (started November 2012), and Norco 10/325 mg 1 tab q6-8h for relief of severe pain (started November 2012). The utilization review from December 9, 2013 denied the request for Chiropractic treatment Qty. 12, Tramadol, Norco, and Lorazepam. The request for chiropractic treatment was denied because the medical reports did not clearly establish objective and measured functional gains. The requests for Tramadol and Norco were denied because there was sparse evidence in the most recent medical report as to the domains of ongoing opioid management. The request for Lorazepam was denied because there was no evidence that treatment will be limited to a short-term course. The medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain. On physical examination, there was tenderness, spasm and tightness in the paralumbar musculature. Range of motion was reduced. Sciatic stretch sign was positive. There was decreased sensation at L5 and S1 dermatomal levels. The patient's gait was slow and antalgic. There was heel/toe step pain on the left. An appeal to a utilization review denial dated December 18, 2013 stated that the requested number of chiropractic visits was twice a week for 6 weeks for a total of 12 visits and that the patient claimed benefits and functional improvement from previous chiropractic trial. Regarding Tramadol and Norco, the patient's primary physician noted that these medications were necessary for moderate to moderately severe pain symptoms and that urine drug screening was performed for monitoring of misuse. Regarding Lorazepam, it was deemed necessary because the patient was diagnosed with anxiety and stress as a direct result of the industrial injury he sustained.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **CHIROPRACTIC TREATMENT (12 VISITS): Upheld**

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

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

**Decision rationale:** According to page 58 of the Chronic Pain Medical Treatment Guidelines, regarding chiropractic treatment, there should be evidence of objective functional improvement with previous treatment and a total of up to 18 visits are supported. In this case, although the primary physician mentioned in his appeal to the utilization review denial that benefits and functional improvement were obtained after chiropractic treatment, objective evidence such as decrease in pain score, improvement in functionality with activities of daily living, and decrease in medication use were not documented. Furthermore, the number of previous chiropractic sessions is not known; hence, it is unknown whether the recommended 18 chiropractic visits have been exhausted. Therefore, the request for Chiropractic treatment 12 visits is not medically necessary.

### **TRAMADOL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. In addition, ongoing opioid treatment is not supported unless prescriptions are from a single practitioner; are prescribed at the lowest possible dose; and unless there is an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been on tramadol since December 2012 but the records do not clearly reflect continued analgesia, continued functional benefit, and a lack of adverse effects. There was also no discussion regarding non-opiate means of pain control or endpoints of treatment. California MTUS Guidelines require clear and concise documentation for ongoing opioid management; therefore, the request for Tramadol is not medically necessary.

### **NORCO: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**Decision rationale:** According to pages 79-81 of the Chronic Pain and Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescriptions are from a single practitioner; are prescribed at the lowest possible dose; and unless there is an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, although the primary physician's appeal to the utilization review denial stated that there was no aberrant use of opioids as evidenced by urine toxicology report, the records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse effects. There was also no discussion regarding non-opiate means of pain control or endpoints of treatment. California MTUS Guidelines require clear and concise documentation for ongoing management; therefore, the request for Norco is not medically necessary.

**LORAZEPAM:** Upheld

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

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

**Decision rationale:** According to page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, the patient has been on Lorazepam since November 2012, which clearly is beyond the recommended 4 weeks of use. The primary physician also stated that Lorazepam was prescribed for anxiety and stress. However, guidelines state that a more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anxiolytic effects of benzodiazepines occurs within months and long-term use may actually increase anxiety. Therefore, the request for Lorazepam is not medically necessary.