

<b>Case Number:</b>	CM14-0000362		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	11/01/2003
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/17/2013
<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 Family Practice 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 a 73 yr. old female claimant sustained a work related injury on 11/1/03 involving the low back, right leg and knee. She had developed chronic spinal discopathy and underwent a right knee arthroplasty. She had a diagnosis of sleep disturbance and depression. Due to chronic pain she had been on Norco and Ambien to help her sleep. She had undergone physical therapy, acupuncture, and injections to improve functionality. An exam note on 12/12/13 indicated she had limited range of motion of the lumbar spine with increased pain and residual right knee pain with no abnormalities on the knee exam. The treating physician recommended continuing Norco for pain, gravity traction via a chiropractor, Ambien for sleep and topical analgesics to the knee. A follow-up visit on 1/9/14 indicated continued lumbar spine spasms, antalgic gait and right knee joint line tenderness. The pain was 8-10/10 in the back and 7-9/10 pain in the knee. The Norco was continued along with refill of Ambien for sleep (both of which have been used for over a year). Additionally a request was made for acupuncture treatment of the lumbar spine for 8 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR GRAVITY TRACTION WITH CHIROPRACTIC TREATMENT TO LOW BACK TWO TIMES A WEEK FOR FOUR WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter

**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 Pain

**Decision rationale:** The MTUS and ACOEM guidelines do not make recommendations for lumbar traction. However, the ODG guidelines state the following: Not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. Traction is the use of force that separates the joint surfaces and elongates the surrounding soft tissues. The evidence suggests that any form of traction may not be effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of LBP, with or without sciatica. There was moderate evidence that autotraction (patient controlled) was more effective than mechanical traction (motorized pulley) for global improvement in this population. Traction has not been shown to improve symptoms for patients with or without sciatica. The evidence is moderate for home based patient controlled traction compared to placebo. Based on the information above, the lumbar traction requested is not medically necessary.

**ACUPUNCTURE TWICE A WEEK FOR FOUR WEEKS TO LOW BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** In this case, the claimant had undergone prior acupuncture treatment. Overall, the claimant still has 7-9/10 pain. Documentation on prior response is not provided. The additional acupuncture request is not medically necessary and exceeds the recommended amount.

**AMBIEN 10MG #60 PO QHS PRN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Medications

**Decision rationale:** In this case, the claimant had been on Ambien for over a year. This is beyond the short-term amount recommended. In addition, elderly female should be on 5mg due to risks outlined above. The continued use of Ambien is not medically necessary.

**NORCO 10/325MG #90 1 PO Q4-6H PRN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for a year with no improvement in pain scale. The continued use of Norco is not medically necessary.