

<b>Case Number:</b>	CM14-0100295		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 42 year old male with an injury date of 11/12/13. Per the 04/24/14 report by [REDACTED] the patient presents with intermittent radiating pain in the left knee rated 6/10, and lower back pain. The patient is noted to be on modified work status from 06/04/14 to 06/25/14. Examination of the left knee reveals pain to the posterior thigh on flexion with Negative McMurray's Sign but pain was reproducible in the posterior thigh. Examination of the thoracic area reveals pain to palpation between two scapulas in the upper thoracic region. The patient's diagnoses include: 1. Strain left knee 2. Radiculopathy: acute lumbar 3. Strain lumbar spine 4. Left ITBS 5. Thoracic: sprain/strain. Medications listed as of 05/21/14 are Ibuprofen and Robaxin. The utilization review being challenged is dated 06/13/14. Treatment reports were provided from 01/27/14 to 05/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 80mg (Unspecified): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The patient presents with left knee pain rated 6/10 and lower back pain. The treating physician requests for Motrin (ibuprofen an NSAID) 80 mg (unspecified quantity). It is unclear how long the patient has been taking this medication. The 03/26/14 work status report states the patient may take his ibuprofen while at work. The 06/13/14 utilization review notes that a quantity of 21 was authorized for this medication. MTUS page 22 supports this medication as a first line treatment for lower back pain; however, the treating physician does not discuss the efficacy of this medication in the reports provided. MTUS page 60 further states, "A record of pain and function should be recorded." In this case, there is no discussion; therefore, this request is not medically necessary.

**Robaxin 500mg #30:** Upheld

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

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

**Decision rationale:** The patient presents with left knee pain rated 6/10 and lower back pain. The treating physician requests for Robaxin 500 mg #30. This medication shows on the reports provided for the first time on 05/21/14. MTUS page 63 states the following about muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case the treating physician does not discuss the efficacy of this medication. . MTUS page 60 further states, "A record of pain and function should be recorded." In this case, there is no discussion; therefore, this request is not medically necessary.

**Chiropractic Evaluation with 9 treatment visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 298-299, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59.

**Decision rationale:** The patient presents with left knee pain rated 6/10 and lower back pain. The treating physician requests for Chiropractic evaluation with 9 treatments visits. MTUS pages 58, 59 state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal condition. For the low back it is recommended as an option for therapeutic care with a trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6-8 weeks. Treatment of the knee is not recommended. In this case, it is unclear from the reports provided how many chiropractic visits the patient has received, if any, and the purpose of the treatment is not stated. The utilization review of 06/13/14 notes the authorization of 6 visits of the requested 9 visits. There is also a request from 4/25/14 for 6

sessions of chiro treatments. Since the treating physician does not discuss the patient's treatment history, one cannot tell how many chiro treatments this patient has had and with what results. However, the current request for 9 appears to have come either following initial 6 sessions or that it has been modified to 6 sessions per UR 6/13/14. At any rate, the treating physician does not discuss functional improvement following initial trial of chiro treatments and additional treatments would not be supported by MTUS. This request is not medically necessary.