

<b>Case Number:</b>	CM14-0104157		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/31/2000
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Occupational 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 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:

A note from January 8 captures also he was in for his L5-S1 protrusion, L4-5 bulge, and left S1 radicular pain and left L3 radiculopathy. He is on disability retirement. His back is chronically painful; but he is not having any radicular pain as of this note. He takes Ibuprofen as needed. He has lumbar spine has range of motion deficiencies. He walks the dog for exercise. They will try Terocin over Voltaren to see if that is better. There was a note from June 14, 2014. The back pain comes and goes. On exam he appears well. There are still range of motion deficits. The chiropractic every three weeks helps his back pain 60 to 70% subjectively, but there is no mention of objective functional improvement. There was then the July 2, 2014 appeal. The provider feels current reports were provided, including one from June 4, 2014, which was considered in this IMR. He uses the Ibuprofen only as needed. He uses an inversion table at home when the pain gets severe. It was felt that since the chiropractic care was authorized on January 21, and it is inappropriate to abruptly retract the authorization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment - 18 Visits Per Year:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 90-91,Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 58 OF 127.

**Decision rationale:** The MTUS stipulates that the intended goal of this form of care is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It notes for that elective and maintenance care, such as has been used for many years now in this case, is not medically necessary. The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function. In this case, the appeal letter was carefully considered, but these records fail to attest to 'progression of care'. Further, the ACOEM speaks to leading the patient to independence from the healthcare system, and self care. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. With 18 automatic sessions per year, this key principle of MTUS ACOEM is not met. Therefore, this request is not medically necessary.

**Bupropion PM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 67 of 127.

**Decision rationale:** This medicine is a combination of Ibuprofen with added Diphenhydramine to promote drowsiness and sleep. The primary active component is the NSAID Ibuprofen. The MTUS recommends NSAID medication for osteoarthritis, at the lowest dose, and the shortest period possible. The guidelines cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with again no documented objective benefit or functional improvement that I could discern in the records or appeal letter. The MTUS guideline of the shortest possible period of use is clearly not met. Again, without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the long term use of this medicine. Therefore, this request is not medically necessary.

**Voltaren Gel TID:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 112 of 127.

**Decision rationale:** Per the MTUS, Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. As this person has back pain, and that area has not been studied, it would not be appropriate to use the medicine in an untested manner. Therefore, this request is not medically necessary.