

<b>Case Number:</b>	CM14-0107673		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/16/2007
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 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 injured worker is a 38-year-old female who reported an injury on 02/16/2007. The mechanism of injury was not provided with the documentation submitted for review. Her diagnosis was noted to be myalgia and myositis. Prior treatment was noted to be craniosacral therapy, medications, acupuncture, chiropractic care, physical therapy, and occasional Feldenkrais therapy. The injured worker had a reevaluation with subjective complaints of sharp achy pain that radiated down her arms from her cervical spine. The physical examination noted the injured worker was awake, alert, appropriate, and very animated. The physical examination continues to state that the injured worker was wearing her gloves and providing detail about her history. A treatment plan was not noted in the evaluation. The provider's rationale for the request was not noted within the documentation submitted for review. The Request for Authorization form was provided and dated 05/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 craniosacral therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Upledger Institute International; CranioSacral Therapy.

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Upledger Institute International; Craniosacral Therapy. The Expert Reviewer's decision rationale: The request for 20 craniosacral therapy sessions is not medically necessary. Craniosacral therapy is a gentle, hands on method of evaluating and enhancing the functioning of a physiologic body system called the craniosacral system - comprised of the membranes and cerebral spinal fluid that surround and protect the brain and spinal cord. Using a soft touch, generally no greater than 5gm, or about the weight of a nickel, practitioners release restrictions in the craniosacral system to improve the functioning of the central nervous system. By complimenting the body's natural healing processes, craniosacral therapy is increasingly used as a preventative health measure for its ability to bolster resistance to disease and is effective for a wide range of medical problems associated with pain and dysfunction. The Guidelines do not address craniosacral therapy. The documentation submitted for review does not indicate this therapy has provided efficacy to the injured worker by way of less need for medication or increased function. Additional information will be necessary to support a medical necessity for craniosacral therapy. As such, the request for 20 craniosacral therapy sessions is not medically necessary.

**1 prescription of Robaxin 500mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbol (Robaxin, Relaxin, generic available); Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Antispasmodics, page 64. The Expert Reviewer's decision rationale: The request for 1 prescription of Robaxin 500 mg #60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate antispasmodics to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action is unknown but it appears to be related to central nervous system depressant effects with related sedative properties. Side effects include drowsiness, dizziness, and lightheadedness. Dosing is 1500 mg 4 times a day for the first 2 to 3 days, then decreased to 750 mg 4 times a day. The documentation submitted for review fails to indicate efficacy of Robaxin. In addition, the provider's request does not indicate a dosage frequency. Therefore, the request for 1 prescription of Robaxin 500 mg #60 is not medically necessary.

**1 prescription of Neurontin 100mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin) page 49. The Expert Reviewer's decision rationale: The request for 1 prescription of Neurontin 100 mg #60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate gabapentin as an Antiepilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The follow-up visit of the injured worker on 05/07/2014 does not indicate the injured worker had neuropathic pain. In addition, the prior use of gabapentin does not have documented efficacy. In addition, the provider's request fails to provide a dosage frequency. Therefore, the request for 1 prescription of Neurontin 100 mg #60 is not medically necessary.

**1 prescription of Cymbalta 60mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS Page(s): 15-16.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Specific Antidepressants, pages 15-16 The Expert Reviewer's decision rationale: The request for 1 prescription of Cymbalta 60 mg #60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state selective serotonin and norepinephrine reuptake inhibitors are FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Cymbalta is used off label for neuropathic pain and radiculopathy. It is recommended as a first line option for diabetic neuropathy. No high quality evidence is reported to support the use of Cymbalta for lumbar radiculopathy. More studies are needed to determine the efficacy of Cymbalta for other types of neuropathic pain. The clinical documentation does not support efficacy with prior use of Cymbalta. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for 1 prescription of Cymbalta 60 mg #60 is not medically necessary.

**1 prescription of Norco 5/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids for chronic pain; Opioids long term assessment; Weaning of Medications; Functional improvement. Decision based on Non-MTUS Citation University of Michigan Health System. Managing chronic non-terminal pain including prescribing controlled substances. Ann Arbor (MI): University of Michigan Health System; 2009 Mar. 34 p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, On-Going Management, page 78. The Expert Reviewer's decision rationale: The request for 1 prescription of Norco 5/325 mg #120 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. MTUS states, "These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects." The clinical documentation submitted with this review dated 05/07/2014 fails to provide an adequate pain assessment. It is not noted that the prior use of Norco provided efficacy for the injured worker. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, and how long it takes for pain relief, as well as how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the provider's request fails to provide a dosage frequency. Therefore, the request for 1 prescription of Norco 5/325 mg #120 is not medically necessary.