

<b>Case Number:</b>	CM14-0017640		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/17/2010
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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:

The patient is a 32-year-old female who has submitted a claim for lumbar disc protrusion with extrusion at L4-5 and L5-S1 with secondary moderate-severe disc degeneration/desiccation at L5-S1, lumbosacral radiculopathy at the right L5-S1 levels, urinary incontinence secondary to above conditions, right sacroiliac sprain and segmental dysfunction with piriformis syndrome associated with industrial injury date of 11/17/2010. The medical records from 2011-2013 were reviewed which revealed persistent moderate to severe low back pain. Pain radiated to the right hip and buttock and towards the legs. Pain is worse in the morning with a scale of 7-8/10, and relieved to 5/10 with medication intake. Symptoms were aggravated by prolonged static position either sitting or standing and also increased on prolonged walking, bending or lifting. Pain is relieved by moving around and changing position. She has significant limitation with her activities of daily living. She also reported sleep disturbances due to pain. Physical examination of the lumbar spine showed marked tenderness and muscle spasm over the bilateral gluteal muscles and piriformis muscles. Range of motion was restricted secondary to pain. Straight leg raise test was restricted at 60 degrees on the left and 45 degrees on the right. Sciatica symptom was positive radiating down the posterior leg to the foot. Manual Muscle Testing (MMT) of the lower extremities showed weakness of the right hip flexors, right ankle, dorsiflexor and plantar flexors. Electrodiagnostic study of bilateral lower extremities, dated 4/11/12, showed evidence of a right L5, S1 radiculopathy. MRI (magnetic resonance imaging) of the lumbar spine, dated 3/24/11, revealed degenerative changes epicentered at L5-S1, right posterolateral and central protrusion exerting mild mass effect upon right S1 root. Facet hypertrophic pronounce and not typical for her young age. The treatment to date has included physical therapy and chiropractic sessions and home exercise program. The medications taken include Relafen 750mg, Fexmid 7.5mg and Norco 10/325mg. A utilization review from 1/31/14 denied the requests for

chiropractic treatment 8 sessions, Fexmid 7.5mg #90 and Relafen 750mg #60. Chiropractic treatment was denied because documents provided did not specify the objective functional goals which might be amenable to chiropractic treatments. Regarding Fexmid, it was denied because guidelines do not recommend long-term use of muscle relaxant. The medical necessity of Fexmid has not been established. Lastly, Relafen was denied but the reason was not made available.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CHIROPRACTIC TREATMENT, QTY: 8:00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, manipulation is recommended for chronic pain caused by musculoskeletal conditions. Manipulation for the low back is recommended primarily as a trial of 6 visits and with evidence of objective functional improvement, a total of up to 18 visits. In addition, the CA MTUS/ACOEM Low Back Chapter states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In this case, the patient had prior 6 sessions of chiropractic treatment dated 1/10/13. However, no benefit was noted. Furthermore, the patient has radiculopathy, which is not an indication for manipulation treatment. The guidelines criteria have not been met. Moreover, the body part to be treated was not specified. Therefore, the request for chiropractic treatment, Qty: 8.00, is not medically necessary.

#### **FEXMID 7.5 MG #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option short-course therapy for management of back pain. In this case, there were subjective complaints of low back spasm supported by objective evidences based on the most recent physical examination dated 10/17/13. The patient has been taking Fexmid, a cyclobenzaprine, as far back as February 2013. However, no specific functional improvements were noted. Prolonged use of this medication is likewise not recommended by the MTUS guidelines. Therefore, the request for Fexmid 7.5mg #90 is not medically necessary.

**RELAFEN 750 MG # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 46.

**Decision rationale:** As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Long-term use of NSAIDs is not warranted. In this case, patient was given Relafen, a class of NSAID since at least April 2013. The patient reported that it helped her decrease her pain from 8/10 to 5/10. However, she still has significant limitation with her activities of daily living (ADLs). Furthermore, long-term use of NSAIDs is not recommended by the MTUS. Therefore, the request for Relafen 750mg # 60 is not medically necessary.