

<b>Case Number:</b>	CM14-0160689		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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:

According to the records made available for review, this is a 49-year-old male with a 6/13/13 date of injury, and anterior posterior spinal fusion lumbar spine L5-S1 with decompression on 3/4/14. At the time (8/15/14) of request for authorization for Acupuncture, QTY: 12 sessions, Physical therapy, QTY: 12 sessions, Cyclobenzaprine 7.5 mg, QTY: 90, and Norco 10/325 mg, QTY: 60, there is documentation of subjective (low back pain) and objective (tenderness to palpitation over L4-S1 region and superior iliac crest) findings, current diagnoses (spondylolisthesis/pars defect L5-S1 with broad disc protrusion and foraminal stenosis L5-S1 and status post anterior/posterior spinal decompression and fusion), and treatment to date (12 post op physical therapy treatments, 6 acupuncture, and medications (including ongoing treatment with Norco and Cyclobenzaprine)). Medical reports identify that the injured worker benefited from previous acupuncture treatments, and progress with previous physical therapy treatments. Regarding acupuncture QTY: 12 sessions, and physical therapy, QTY: 12 sessions, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy or acupuncture treatment to date. Regarding Cyclobenzaprine 7.5 mg, there is no documentation of Cyclobenzaprine used as second line option for short-term (less than two weeks) treatment of acute low back pain or for short-term treatment of acute exacerbations in patients with chronic low back pain, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Regarding Norco 10/325 mg, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit

or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

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

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

### **12 Acupuncture Sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Title 8, California Code of Regulations

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of spondylolisthesis/pars defect L5-S1 with broad disc protrusion and foraminal stenosis L5-S1 and status post anterior/posterior spinal decompression and fusion. In addition, there is documentation of at least 6 previous acupuncture treatments. However, given documentation of previous acupuncture treatments, and despite documentation of benefit from previous acupuncture treatments, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous acupuncture treatments. Therefore, based on guidelines and a review of the evidence, the request for 12 Acupuncture Sessions is not medically necessary.

### **12 Physical Therapy Sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Title 8, California Code of Regulations

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 34 visits of post-operative physical therapy over 16 weeks and post-surgical physical medicine treatment period

of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses spondylolisthesis/pars defect L5-S1 with broad disc protrusion and foraminal stenosis L5-S1 and status post anterior/posterior spinal decompression and fusion on 3/4/14. In addition, there is documentation of at least 12 previous physical therapy treatments. However, given documentation of previous physical therapy treatments, and despite documentation of the injured worker making progress with physical therapy treatments, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous physical therapy treatment. Therefore, based on guidelines and a review of the evidence, the request for 12 Physical Therapy Sessions is not medically necessary.

**Cyclobenzaprine 7.5mg QTY 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants (for pain) Title 8, California Code of Regulations

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses spondylolisthesis/pars defect L5-S1 with broad disc protrusion and foraminal stenosis L5-S1 and status post anterior/posterior spinal decompression and fusion. In addition, there is documentation of ongoing treatment with Cyclobenzaprine. However, despite documentation of low back pain, there is no documentation of acute low back pain or acute exacerbations in injured workers with chronic low back pain. In addition, there is no documentation of Cyclobenzaprine used as a second line option. Furthermore, given documentation of ongoing treatment with Cyclobenzaprine, there is no documentation of short-term (less than two weeks) treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine

use to date. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5mg QTY 90 is not medically necessary.

**Norco 10/325mg QTY 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses spondylolisthesis/pars defect L5-S1 with broad disc protrusion and foraminal stenosis L5-S1 and status post anterior/posterior spinal decompression and fusion. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg QTY 60 is not medically necessary.