

<b>Case Number:</b>	CM14-0029245		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/22/1995
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 22, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of manipulative therapy; and muscle relaxants. In a Utilization Review Report dated February 18, 2014, the claims administrator denied a request for osteopathic manipulative therapy, Naprosyn, Soma, and Vicodin, citing the MTUS Guidelines in ACOEM Chapters 3, 5, and 12. In a handwritten note dated May 31, 2014, difficult to follow, not entirely legible, the applicant presented with persistent complaints of low back pain and neck pain with associated gait derangement appreciated. Muscle spasm and limited range of motion are noted about the spine. The note was handwritten and difficult to follow. Osteopathic manipulative therapy, Soma, and Motrin were refilled. The applicant's work status was not provided. In an earlier note of February 5, 2014, again handwritten and difficult to follow, the applicant was again asked to pursue osteopathic manipulative therapy, NSAIDs, Soma, and Vicodin. The applicant's work status, again, was not furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Osteopathic manipulation therapy: 1-3 times/month up to 16 treatment per year as needed for flare of symptoms: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 58, Manual Therapy and Manipulation topic. Page(s): 58.

**Decision rationale:** As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, one to two sessions of manipulative therapy are recommended in the event of recurrences and/or flare ups of pain every four to six months. The 16 sessions of annual manipulative therapy being sought here do seemingly represent an elective or maintenance manipulative therapy which, per page 58 of the MTUS Chronic Pain Medical Treatment Guidelines deem not medically necessary. In this case, it is further noted that the applicant's work status, functional status, and response to prior treatment have not been clearly detailed. It does not appear that the applicant has achieved and/or maintained successful return to work status. Therefore, the request is not medically necessary, for all of the stated reasons.

**NSAIDs/ibuprofen or Naprosyn 500 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines . MTUS page 22, Anti inflammatory Medications topic.2. MTUS page 7 Page(s): 22, 7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti inflammatory medication such as ibuprofen do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, in this case, however, it was not clearly stated whether or not this request was a first-time request or a renewal request. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there was no demonstration or discussion of ongoing medication efficacy with ibuprofen usage. The applicant's work status, functional status, and response to earlier treatment were not detailed. The presence or absence of appropriate analgesia with NSAID usage was not detailed. Therefore, the request is not medically necessary.

**Soma 350 1qd prn muscle spasm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 29, Carisoprodol topic. Page(s): 29.

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes,

particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using Vicodin, an opioid agent. Adding carisoprodol or Soma to the mix is not indicated. Therefore, the request is not medically necessary.

**Vicodin 1 q4-6 prn pain:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** The documentation on file, while handwritten, does suggest that this request represents a renewal request for Vicodin as opposed to a first-time request. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant's work status, functional status, pain levels, etc., have not been furnished. There is no evidence of ongoing improvement in terms of any of the above captioned parameters achieved through ongoing Vicodin usage. Therefore, the request is not medically necessary.