

<b>Case Number:</b>	CM14-0036243		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/07/1999
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 2/7/99. She was seen by her primary treating physician on 3/13/14 and complained of constant pain in her left greater than right low back rated at 4/10, with numbness and tingling in her left leg and left upper back. Her pain was said to be reduced with rest, activity modification and heat. Her medications included Klonopin, Topomax, Rizatriptan Benzoate, Naprosyn And Norco. She was said to feel better after chiropractic treatments, which are at issue in this review. Her exam showed a positive Kemp's test bilaterally and positive straight leg raises. Her reflexes were normal. She had tenderness to palpation and decreased range of motion of her lumbosacral spine with muscle guarding and spasms. Her diagnoses were status post laminectomy and disc excision at L4-5 and depression. At issue in this review is the continuation of medications Norco for pain, Soma for muscle spasms, and chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG 1 FOUR TIMES A DAY #120, WITH 4 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NORCO. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; PAIN CHAPTER.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** The patient's medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics, and muscle relaxants. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. The available records fail to document any significant improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear, but appears limited. As such, the request is not medically necessary.

**SOMA 350 1 FOUR TIMES A DAY #120 WITH 4 REFILLS PLEASE REVIEW THE 4 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES/PAIN CHAPTER.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The patient's medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics, and muscle relaxants. With muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The records submitted fail to document any significant improvement in pain, spasm, functional status or side effects to justify long-term use of the medication. Carisoprodol (Soma) is not recommended or indicated for long-term use. As such, the request is not medically necessary.

**CHIROPRACTIC MANIPULATION 2 X 6 TO LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. In this injured worker, the chiropractic care provided was said to be helpful, however; the records do not indicate that she was unable to return to productive activities or that she is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support this treatment. As such, the request is not medically necessary.