

<b>Case Number:</b>	CM14-0043531		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/06/2005
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 12/06/2005. The mechanism of injury was not specifically stated. Current diagnoses include multilevel disc herniation of the lumbar spine, facet arthropathy, multilevel disc herniation of the thoracic spine, facet arthropathy of the cervical spine, and multilevel disc herniation of the cervical spine. The injured worker was evaluated on 02/26/2014 with complaints of persistent neck and lower back pain. The current medication regimen includes Percocet 10/325mg and Flexeril (Cyclobenzaprine). The physical examination revealed decreased sensation in the C5 through C8 dermatomes on the left, decreased sensation in the L3 through S1 dermatomes on the left, diminished strength in the upper and lower extremities, and patchy redness in the lower extremities. Treatment recommendations at that time included chiropractic physiotherapy 3 times per week for 6 weeks and prescriptions for Cyclobenzaprine 7.5 mg, Docuprene 100 mg, and Percocet 10/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 chiropractic manipulation/ physiotherapy sessions:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 12 sessions of chiropractic therapy is double the amount recommended by guidelines. There is also no specific body part listed in the current request. As such, the request is not medically necessary or appropriate.

**1 prescription of Cyclobenzaprine 7.5 mg #120: Upheld**

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

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

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as a non-sedating, second-line option for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized Cyclobenzaprine for an unknown duration. There was no documentation of palpable muscle spasm or spasticity upon physical examination. Guidelines do not recommend long-term use of this medication. There is no frequency listed in the current request. As such, the request is not medically necessary.

**1 prescription of Docuprene 100 mg. # 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontology Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p. [44 references].

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

**Decision rationale:** California MTUS Guidelines recommend prophylactic treatment of constipation when also initiating opioid therapy. Official Disability Guidelines state first-line treatment for opioid-induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. The injured worker does not maintain a diagnosis of chronic constipation. There is no evidence of failure to respond to first line treatment. There is also no frequency listed in the current request. As such, the request is not medically necessary.

**1 prescription of Percocet 10/325 mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication for an unknown duration without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.