

<b>Case Number:</b>	CM14-0046748		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 37 year-old female. The patient's date of injury is 4/2/2012. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with enthesopathy of hip region, pain in the soft tissues of limb, thoracic/lumbosacral neuritis/radiculitis. The patient's treatments have included H-wave, a request for aqua therapy, restrictions at work, and medications. The physical exam findings, dated March 12, 2014 show the lumbar spine paravertebral muscles are tender, some spasm is present, and range of motion is restricted. The deep tendon reflexes are reported as normal and symmetrical. The hip is tender to palpation over the greater trochanter and the range of motion is decreased in flexion/abduction plane. The patient's medications have included, but are not limited to, Cyclobenzaprine, Norco, Omeprazole, Naproxen and Medrox. It is not documented in the clinical records, when these medications were started and what the outcomes were.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Chiropractic sessions for Lumbar Spine & Left Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 308-315.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for twelve (12) Chiropractic sessions for Lumbar Spine & Left Lower Extremity. MTUS guidelines state the following: six sessions of chiropractic intervention are recommended. The current request exceeds the recommended amount of sessions. According to the clinical documentation provided and current MTUS guidelines; the request of twelve (12) Chiropractic sessions for Lumbar Spine & Left Lower Extremity are not medically necessary and appropriate.

**Cyclobenzaprine HCL 10 mg tablets #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 41-42.

**Decision rationale:** MTUS guidelines state the following: Cyclobenzaprine is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. According to the clinical documents, the Cyclobenzaprine requested is not being used for short term therapy. Following guidelines as listed above, there is no indication for the use of Cyclobenzaprine. At this time, the request of Cyclobenzaprine HCL 10 mg tablets #60 with 2 refills is not medically necessary and appropriate.

**Hydrocodone / APAP (Norco) 10/325 mg tablet #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Some documentation of analgesia is noted in the improvement of the patient's leg pain. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. In addition, according to the documentation provided, the pain appears to be chronic, lacking indications for fast acting pain control medications. It has been approved for a one month supply with no refills. According to the clinical documentation provided and current MTUS guidelines; Hydrocodone / APAP (Norco) 10/325 mg tablet #60 with 2 refills is not medically necessary and appropriate.

**Naproxen Sodium 550 mg # 30 with 5 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Naproxen Page(s): 70-73.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Naproxen. MTUS guidelines state the following: It is recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual's treatment goals. It is also a first line pain medication. There is no specific time frame given in the recommendations. According to the clinical documentation provided and current MTUS guidelines; Naproxen Sodium 550 mg # 30 with 5 refills is medically necessary and appropriate.