

<b>Case Number:</b>	CM14-0046788		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/10/2001
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	04/07/2014
<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 Preventive 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:

According to the records made available for review, this is a 50-year-old female with a 10/10/01 date of injury. At the time (4/7/14) of request for authorization for Norco 10/325mg #15, Flexeril 7.5mg #60, Diclofenac 100mg #30, and Aqua Therapy x 6 months, there is documentation of subjective (8/10 pain, Norco helps decrease pain to 2-5/10 allowing for her to function, lumbar muscle spasm which decreases in intensity and frequency with Flexeril, and numbness and tingling right lower extremity) and objective (limited cervical and lumbar range of motion and overweight) findings, current diagnoses (cervicogenic disc disease with facet inflammation as well as right sided radiculopathy and lumbogenic disc disease with right S1 radiculopathy), and treatment to date (medications (including ongoing treatment with Norco and Flexeril), activity modifications, and aquatic therapy). 4/30/14 medical report identifies an appeal for aqua therapy as it is to improve range of motion leading to better functionality and it will help to reduce some weight which will help to relive back pain. Regarding Norco 10/325mg #15, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Flexeril 7.5mg #60, there is no (clear) documentation of acute muscle spasms, the intention to treat over a short course, 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 Flexeril use to date. Regarding Diclofenac 100mg #30, there is no documentation of Diclofenac used as second line therapy. Regarding Aqua Therapy x 6 months, 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 aqua therapy provided to date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**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 of cervicogenic disc disease with facet inflammation as well as right sided radiculopathy and lumbogenic disc disease with right S1 radiculopathy. In addition, given documentation that Norco helps decrease pain to 2-5/10 allowing for her to function, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. 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; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #15 is not medically necessary.

**Flexeril 7.5mg #60:** Upheld

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

**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) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**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 of cervicogenic disc disease with facet inflammation as well as right sided radiculopathy and lumbogenic disc disease with right S1 radiculopathy. In addition, there is documentation of muscle spasm. However, given documentation of a 10/10/01 date of injury, there is no (clear) documentation of acute muscle spasms. In addition, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, despite documentation that Flexeril decreases the intensity and frequency of muscle spasm, 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 Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5mg #60 is not medically necessary.

**Diclofenac 100mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. 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 Diclofenac is not used as first line therapy. Within the medical information available for review, there is documentation of diagnoses of cervicogenic disc disease with facet inflammation as well as right sided radiculopathy and lumbogenic disc disease with right S1 radiculopathy. In addition, there is documentation of chronic pain. However, there is no documentation of Diclofenac used as second line therapy. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac 100mg #30 is not medically necessary.

**Aqua Therapy x 6 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine , Aquatic therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing), as criteria necessary to support the medical necessity of aquatic therapy. MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. 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 visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders. Within the medical information available for review, there is documentation of diagnoses of cervicogenic disc disease with facet inflammation as well as right sided radiculopathy and lumbogenic disc disease with right S1 radiculopathy. In addition, there is documentation of previous aquatic therapy. Furthermore, there is documentation that reduced weight bearing is desirable (recommendation for reduced weight bearing). However, 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 aqua therapy provided to date. In addition, the requested Aqua Therapy x 6 months exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Aqua Therapy x 6 months is not medically necessary.