

<b>Case Number:</b>	CM14-0070292		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/22/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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:

This 31 year old patient had a date of injury on 12/22/2013. The mechanism of injury was pulling a cord that was stuck under a door, feeling a pop in mid back area. In a progress noted dated 4/21/2014, subjective findings included some improvement in back pain and mid back pain as well as hip pain. On a physical exam dated 4/21/2014, objective findings included spinal tenderness and muscle spasms radiating into her left hip, severe back spasm and pain. Diagnostic impression shows thoracic multilevel disc disease, worse at T8-9 and T9-10, foraminal stenosis left L4-L5, transitional lumbosacral segment. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 4/29/2014 denied the request for 18 chiropractic visits LS, stating the claimant has low back pain not responding to physical therapy and medications and routine forms of treatment, and guidelines state for trial of 2 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6-8 weeks. Norco 10/325 #90 x2, stating the reports need to document the four A's of analgesic effect, activities of daily living, aberrant drug behavior, and adverse side effects. Ibuprofen #90 x2 was denied, stating it was not clear when the patient is going to be seen next and should be monitored. Robaxin 500mg #90 was denied, stating that it was not clear patient was experiencing acute exacerbation of pain, or that it was being used on a short term basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 18 visits, LS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter.

**Decision rationale:** MTUS does not address this issue. Official Disability Guidelines recommendation for Chiropractic Sessions are 6 visits over 2 weeks, and with documentation of functional improvements, a total of 18 visits. In the report dated 4/21/2014, the plan was to start the patient on chiropractic treatment 2-3 times/week for 4-6 weeks to reduce the pain and increase the range of motion. A follow up would be scheduled in 6 weeks. Guidelines only support an initial trial of 6 visits over 2 weeks, and further treatment is only warranted with documented functional improvement. Therefore, the request for Chiropractic Sessions 18 visits, LS, is not medically necessary.

**Norco 10/325mg #90 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports viewed, and in the latest progress report dated 4/21/2014, there was no discussion regarding functional improvement with this opioid regimen. Furthermore, there was no discussion regarding aberrant drug behavior, if the medication was well tolerated, or improvement in activities of daily living. Therefore, the request for Norco 10/325 #90 x 2 refills is not medically necessary.

**Ibuprofen #90 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to

treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the reports viewed, and in the latest progress report 4/21/2014, there was no discussion regarding functional improvement with the analgesic regimen, and the patient continues to have low back pain and left hip pain. Therefore, the request for Ibuprofen #90 x2 refills is not medically necessary.

**Robaxin 500mg #90 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 65.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most Low Back Pain cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In a progress report dated 4/21/2014, this medication is noted as a refill, and there was no documented acute exacerbation to warrant further use of this muscle relaxant. Guidelines only support short term use. Therefore, the request for Robaxin 500mg#90 x2 refills is not medically necessary.