

<b>Case Number:</b>	CM14-0080238		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/08/2010
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 47 year old female injured on 10/08/10 when she bent over to lift a trash can and felt a pull in the low back. Diagnoses include chronic musculoligamentous injury of the lumbosacral spine and status-post two level left-sided microhemilectomy and discectomy. Clinical note dated 04/08/14 indicated the injured worker presented complaining of pain to the upper extremities, back, hips, and ongoing psychological issues. The injured worker complained of numbness in bilateral upper extremities with no addition pain symptoms. The injured worker described back pain as burning in the upper, mid, and low back radiating to the lower extremities into the feet with numbness and tingling in the right. Treatment plan included MRI, aquatic therapy, and prescription for Naproxen, Cyclobenzaprine, and Tramadol. The initial request for Naproxen 550mg #100, Cyclobenzaprine 7.5mg #50, Tramadol/APAP 37.5/325mg #100, and aqua therapy 1 visit per week for 8 weeks was initially non-certified on 10/15/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #100:** 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 NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, Non-Steroid Anti-Inflammatory Drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. Package inserts for Non-Steroid Anti-Inflammatory Drugs (NSAIDs) recommend periodic lab monitoring of a CBC (Complete Blood Count) and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the patient cannot benefit from over-the-counter NSAIDs on an as needed basis. As such, the request for Naproxen 550mg #100 cannot be established as medically necessary.

**Cyclobenzaprine 7.5mg #50:** 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 Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is 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. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of cyclobenzaprine 7.5mg #50 cannot be established at this time.

**Tramadol/APAP 37.5/325mg #100:** 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 Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well

as establish the efficacy of narcotics, the medical necessity of Tramadol/APAP 37.5/325mg #100 cannot be established at this time.

**Aqua Therapy 1 visit per week for 8 weeks:** 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 Aquatic therapy Page(s): 22.

**Decision rationale:** As noted on page 22 of the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There is no indication in the documentation the patient meets these criteria. As such, the request for Aqua Therapy 1 visit per week for 8 weeks cannot be recommended as medically necessary at this time.