

<b>Case Number:</b>	CM14-0130545		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 45 year old female sustained a work related injury on 10/04/2012 while working as an administrator. She was driving her clients to an appointment when a car from her right turned left in front of her. She tried to stop but hit the car in front of her. Subsequently she injured her back and neck. As of an office visit on 01/23/2014, the injured worker's medications included Tramadol, Flexeril, Naproxen and Lunesta. According to a progress note dated 03/18/2014, the injured worker woke up with intense neck pain. Pain radiated to the left arm and scapula. The physical exam revealed tenderness and decreased range of motion in the cervical spine. Diagnoses included cervical sprain, lumbosacral sprain, post-traumatic headaches, post traumatic sleep disruption and whiplash syndrome. Plan of care included acupuncture and Medrol dose pack for acute flare up. Work restrictions included no pushing, pulling or lifting more than 15 lbs. and no repetitive bending and stooping. Sit or stand as needed to alleviate pain. As of an office visit on 06/02/2014, the injured worker continued to report trouble sleeping. Prior treatments had included Ambien, Lunesta and Trazodone. The injured worker was given a prescription for Temazepam for insomnia. Other medications included Tramadol and Prilosec. As of an office visit on 06/30/2014, the injured worker reported ongoing neck pain that radiated to the left arm and scapula. She reported trouble sleeping and persistent stomach pain. The physical exam revealed tenderness and decreased range of motion in the cervical spine. The treatment plan included chiropractic care, gastroenterology consultation evaluation, Tramadol and Temazepam. Work restrictions included return to modified work with no pushing, pulling or lifting more than 15 lbs. and no repetitive bending and stooping. According to progress notes submitted for review, the injured worker's plan of care dating back 6 months prior to request have included physical therapy, Flexeril, Tramadol, Naproxen, topical analgesics, moist heat, chiropractic treatment, physiotherapy, kinetic activities, acupuncture, Medrol dose pack,

Trazodone, Prilosec, Ambien and Temazepam. Work restrictions have remained unchanged since 03/10/2014. Radiographic imaging reports were not submitted for review. Chiropractic treatment notes were noted submitted for review. On 08/08/2014, Utilization Review, non-certified 6 chiropractic manipulation visits and modified Tramadol 50mg #120 with 1 refill and Temazepam 30mg #30 with 2 refills that was requested on 06/30/2014. According to the Utilization Review physician, guidelines recommend 1-2 chiropractic sessions for exacerbation of back pain. The progress notes revealed that the injured worker received 8 sessions of chiropractic care last year and that the current progress notes failed to reveal a recent exacerbation, which would suggest the need for chiropractic care. In regards to Tramadol, the injured worker has reported increasing back pain despite ongoing use of Tramadol. The injured worker has been prescribed Tramadol since at least 12/24/2012 but more recently has complained of increasing pain. In regards to Temazepam, guidelines only support short-term use of a sleep aide such as Temazepam due to a risk of side effects. Progress notes revealed that the injured worker has been prescribed Temazepam for two months and continues to report trouble sleeping.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **6 Chiropractic manipulation visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** According to MTUS guidelines, Manual therapy & manipulation Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate. >Based on the above, continuous chiropractic treatment is not recommended without periodic documentation of its efficacy. There is no documentation of the efficacy of previous chiropractic sessions. Therefore, the request for 6 chiropractic sessions is not medically necessary.

#### **Tramadol 50mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tramadol is not medically necessary.

**Temazepam 30mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Insomnia treatment & Benzodiazepines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain. There is no clear documentation that the drug will be used for less than 4 weeks. Therefore the prescription of Temazepam 30mg, quantity 30 is not medically necessary.