

<b>Case Number:</b>	CM14-0191020		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Preventative Medicine and is licensed to practice in Massachusetts, New Hampshire 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 35-year-old male who reported an injury on 04/13/2010. The mechanism of injury was not indicated. His diagnoses include low back pain, lumbar strain, right sacroiliac joint dysfunction, and disc protrusion with evidence of left L4 nerve root radiculopathy. His past treatments were noted to include medications, physical therapy, a home exercise program, chiropractic care, a functional restoration program, and injections. The injured worker's diagnostic studies included an x-ray of the thoracic and lumbar spine performed on 05/21/2010, an MRI of the thoracic spine and lumbar spine performed on 05/28/2010, and electrodiagnostic studies of the bilateral lower extremities performed on 11/30/2010. There was also a nuclear bone scan performed on 03/09/2011 and an EMG and nerve conduction study of the bilateral lower extremities performed on 08/29/2012. The initial outpatient evaluation dated 09/19/2014 indicated the injured worker complained of pain rated 5/10, with 8/10 to 9/10 being his worst, and 3/10 being his best pain. It was also noted that he stated his pain was present 98% to 100% of the time. His pain was described as an aching, throbbing, stabbing, dull, numbing, and pins and needles. Physical examination revealed right more than left lower extremity edema. However, he was not noted to have any back or lower extremity asymmetry. His lower extremity range of motion was within normal functional limits, with lower extremity reflexes rated 2/4 at the knees and ankles, with lower extremity strength rated 5/5 throughout the right and left lower extremities, except for the right ankle dorsi and plantar flexion, which were rated 4/5. Lumbar range of motion revealed forward flexion to 40 degrees and extension to 10 degrees. Right and left side tilting was to 20 degrees. There was also tenderness to deep palpation of the sacrum, and tenderness and tightness in the muscles of the left lumbar paraspinal muscles. His current medications included fish oil 1 daily, Curcumin 2 daily, and a multivitamin once daily. He was also prescribed baclofen 10mg and Lyrica 150mg at the 09/19/2014. The

treatment plan included yoga visits and progress into a home yoga program, since most of his pain appears to be myofascial per documentation. The treatment plan also included prescriptions for Lyrica 75 mg 3 times a day for one week, then increase to 150mg and baclofen 10 mg 3 times a day. The request was for yoga times 8 visits and baclofen 10 mg #90. The Request for Authorization Form, dated 12/10/2014, was included for review.

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

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

**Yoga x 8 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Yoga Page(s): 126.

**Decision rationale:** The California MTUS Guidelines recommend yoga as an option only for select, highly motivated patients. The guidelines indicate that there was considerable evidence of efficacy for mind/body therapy such as yoga in the treatment of chronic pain. However, the guidelines also indicate that since outcomes from this therapy are very dependent on highly motivated patients, they recommend approval where requested by a specific patient, but not adoption for use by any patient. There is a lack of clinical documentation demonstrating a request for yoga sessions by the injured worker or to demonstrating significant motivation on the part of the injured worker. Based on the lack of clinical information to support the evidence based, peer reviewed guidelines, the request for yoga x 8 visits is not medically necessary.

**Baclofen 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for the short term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs in pain and overall improvement. The guidelines also indicate efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Additionally, the guidelines recommend baclofen orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. While the clinical documentation dated 09/19/2014 indicated the patient complained of low back pain rated 5/10, and described the pain as aching, throbbing, stabbing, sharp, dull, numbing, and pins and needles, no reports of muscle spasms related to multiple sclerosis, spinal cord injuries, or any other diagnosis were noted. Also, muscle relaxants such as

baclofen are recommended for short term use, and there was a lack of clinical documentation to evidence the duration of the prescription. Additionally, the request as submitted failed to indicate a frequency of use for the medication to determine medical necessity. As such, the request for Baclofen 10mg #90 is not medically necessary.