

<b>Case Number:</b>	CM14-0045215		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	01/20/2009
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/31/2014
<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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68-year-old male with a reported injury on 01/20/2009. The injury reportedly occurred when the injured worker fell to the ground while lifting boxes. His diagnoses were noted to include lumbar spine sprain, cervical spine sprain, herniated nucleus pulposus, and obstructive sleep apnea. His previous treatments have included chiropractic care, physical therapy, activity modification, and medications. No pertinent surgical history was provided. The injured worker was evaluated on 10/10/2014 for complaints of cervical and lumbar spine pain rated 8/10 in intensity. The physical examination revealed muscle spasms with range of motion in the cervical and lumbar spines. The clinician's treatment plan was for chiropractic therapy 3x4 and a urine drug screen. The injured worker was also evaluated on 11/06/2014 but the examination report was not provided. The clinician's treatment plan was for chiropractic care, acupuncture, a urine drug screen, and return to the clinic in 4 weeks. The injured worker had urine drug screens on 09/02/2014 and 08/14/2014. Both urine drug screens were negative. Requests for Authorization were submitted on 11/06/2014, 10/10/2014, and 09/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic visits times 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 5,Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

**Decision rationale:** The request for chiropractic visits times 6 is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines recommend manual therapy and manipulation for recurrences/flare ups based on treatment success and 1 to 2 visits every 4 to 6 months if return to work is achieved. The provided documentation did not indicate that the injured worker had returned to work or the efficacy of previous chiropractic treatments. As such, the requested service is not supported. Therefore, the request for chiropractic visits times 6 is not medically necessary.

**Naproxen 550mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

**Decision rationale:** The request for naproxen 550 mg is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines recommend nonsteroidal anti-inflammatory drugs as an option for short-term symptomatic relief of chronic low back pain. The provided documentation indicated that the injured worker had been taking nonsteroidal anti-inflammatory drugs since at least 2013. There was no documentation of efficacy. Additionally, the request did not include a frequency of dosing or an amount to be dispensed. As such, continued use is not supported. Therefore, the request for naproxen 550 mg is not medically necessary.

**Pantoprazole 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69-70.

**Decision rationale:** The request for pantoprazole 20 mg is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines recommend proton pump inhibitors for patients taking nonsteroidal anti-inflammatory drugs who are at intermediate to high risk for gastrointestinal events and for the treatment of dyspepsia secondary to nonsteroidal anti-inflammatory drug therapy. The provided documentation did not indicate that the injured worker was at intermediate to high risk for gastrointestinal events or that

the injured worker had dyspepsia secondary to nonsteroidal anti-inflammatory drug use. The concurrent request for a nonsteroidal anti-inflammatory drug was found to be not medically necessary. Additionally, the request did not include a frequency of dosing or an amount to be dispensed. As such, the requested service is not supported. Therefore, the request for pantoprazole 20 mg is not medically necessary.

**Cyclobenzaprine 7.5mg: Upheld**

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

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

**Decision rationale:** The request for cyclobenzaprine 7.5 mg is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine is recommended for a short course of therapy. While the provided documentation did indicate that the injured worker had muscle spasms, prescriptions for cyclobenzaprine have dated back to at least 09/04/2014 with no documentation of efficacy. Additionally, the request did not include a frequency of dosing or an amount to be dispensed. Therefore, the request for cyclobenzaprine 7.5 mg is not medically necessary.

**Tramadol ER 150mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, criteria for use Page(s): 79.

**Decision rationale:** The request for tramadol ER 150 mg is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines state that ongoing management for patients taking opioid medications should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provided documentation did not indicate an assessment of pain relief, functional status, side effects, or appropriate medication use. Additionally, the request did not include a frequency of dosing or an amount to be dispensed. As such, the requested service is not supported. Therefore, the request for tramadol ER 150 mg is not medically necessary.

**Urine analysis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 95.

**Decision rationale:** The request for Urine analysis is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines recommend urine toxicology screens frequently for patients at high risk of abuse. The provided documentation did not indicate that this injured worker was at high risk of abuse and previous urine toxicology screens were negative. Additionally, the request was for "Urine analysis" which is nonspecific. As such, the requested service is not supported. Therefore, the request for Urine analysis is not medically necessary.

**Follow up visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 90.

**Decision rationale:** The request for follow-up visits is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines state that there is no set visit frequency and that visits should be adjusted to the patient's need for evaluation with recommended duration between visits from 1 to 6 months. The request is for unspecified follow-up visits and does not indicate which clinician the follow-up visits would be with or how many follow-up visits are requested. As such, the requested service is not medically necessary. Therefore, the request for follow-up visits is not medically necessary.