

<b>Case Number:</b>	CM15-0003280		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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 54 year old female, who sustained an industrial injury on August 26, 2013. She has reported lower back pain. The diagnoses have included edema around the right gluteus minimus tendon, right lumbar radiculopathy, thoracic myofascial pain, and cervical pain with right upper extremity symptoms. Treatment to date has included work modifications, physical therapy, home exercises, Magnetic Resonance Imaging (MRI) of the lumbar spine on March 12, 2014, Magnetic Resonance Imaging (MRI) of the right hip on July 2, 2014, lumbosacral brace, TENS (transcutaneous electrical nerve stimulation), and pain, non-steroidal anti-inflammatory, and muscle relaxant medication. The medical records include documentation of prior courses of land-based physical therapy and acupuncture. Currently, the injured worker complains of pain of the right hip, bilateral knees, cervical with right greater than left upper extremity symptoms, planes of paralleling headache and low back with right greater than left lower extremity symptoms. The injured worker is currently treated with pain, non-steroidal anti-inflammatory, proton pump inhibitor, and muscle relaxant medications. On December 9, 2014, the injured worker submitted an application for IMR for review of 12 sessions (3 x 4) of additional aquatic therapy for the right hip, and 12 sessions (2 x 6) of additional acupuncture, and a prescription for Cyclobenzaprine 7.5mg #90 one TID prn (three times a day as needed) for spasm. The additional aquatic therapy was non-certified based on the injured worker appears to be full-weight bearing at this time and the inability to perform land-based physical therapy was not established. The additional acupuncture was non-certified based on the lack of objective functional improvement in the current medical report and the optimum duration of acupuncture

is 1-2 months. The Cyclobenzaprine was non-certified based on the long-term use of muscle relaxants is not supported by the guidelines and the combination of opioids and Cyclobenzaprine is considered high risk and abuse is potential. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines: Aquatic Therapy and Muscle relaxants (for pain), and the California Medical Treatment Utilization Schedule (MTUS) Acupuncture Medical Treatment Guidelines were cited.

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

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

**Additional aqua therapy right hip 3x4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

**Decision rationale:** This patient presents with right hip, bilateral knee, neck and low back pain. The current request is for ADDITIONAL AQUA THERAPY RIGHT HIP 3X4. MTUS Guidelines, page 22, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Aquatic therapy: 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. For recommendations on the number of supervised visits, the MTUS guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over eight weeks. The treating physician has not discussed the need for weight-reduced exercises or extreme obesity to qualify the patient for water therapy. The request is for aqua therapy for the hip and examination findings revealed tenderness and limited range of motion. Nothing that would require weight reduced exercises. In this case, there is inadequate explanation as to why aqua therapy is necessary as opposed to a home based exercise program or land based therapy. This request IS NOT medically necessary.

**Additional acupuncture lumbar spine 2x6:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines. Page(s): 13.

**Decision rationale:** This patient presents with right hip, bilateral knee, neck and low back pain. The current request is for ADDITIONAL ACUPUNCTURE LUMBAR SPINE 2X6. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. Labor code 9792.20(e) defines functional

improvement as significant improvement in ADLs or reduction in work restrictions and decreased dependence on medical treatment. The patient has had 12 acupuncture treatments in 2014. The treating physician states that acupuncture “did facilitate diminution in pain and improve tolerance to activity.” Review of acupuncture progress notes continually documented some improvement following treatment. It is also noted that the patient is able to continue work with her treatments. With documented functional improvement, MTUS allows for 1 to 2 per month. The requested additional 12 treatment is with MTUS guidelines and IS medically necessary.

**Cyclobenzaprine 7.5mg #90 one PO TID PRN spasm:** Upheld

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

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

**Decision rationale:** This patient presents with right hip, bilateral knee, neck and low back pain. The current request is for CYCLOBENZAPRINE 7.5MG #90 ONE PO TID PRN SPASM. The MTUS Guidelines page 63-66 states, “muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exasperation in patients with chronic LBP.” The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. In this case, the treating physician has prescribed this medication since 8/4/14 and MTUS Guidelines support the use of cyclobenzaprine for short course of therapy and not longer than 2 to 3 weeks. The requested cyclobenzaprine IS NOT medically necessary.