

Case Number:	CM15-0138571		
Date Assigned:	07/28/2015	Date of Injury:	05/21/2011
Decision Date:	10/06/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 52-year-old female who sustained an industrial injury on 5/26/11. The mechanism of injury was unclear. She currently complains of constant, burning, stabbing low back pain with numbness and tingling of bilateral legs that had increased 20% since previous visit with a pain level of 9/10. She has some difficulty with ambulation and sleep difficulties. She uses a cane for ambulation. On physical exam of the lumbar spine, there was limited range of motion, tenderness to palpation with spasms into the bilateral paraspinal region, diminished sensation L5-S1 dermatomes and positive slump test. Medications were tramadol, ibuprofen, Advil, Senokot, Capsaicin. Diagnoses include lumbar degenerative disc disease; grade 1 anterolisthesis with bilateral L5 spondylolysis and moderate to severe degenerative changes at L5-S1; lumbar radiculopathy. Treatments to date include 2 sessions of chiropractic care with minimal relief; 10 sessions of physical therapy; 26 sessions of acupuncture with good relief; medications; back brace. In the progress note dated 5/27 15 the treating provider reports that the injured worker's condition has taken a turn for the worse with increased back and leg complaints and as a result his plan of care includes requests for acupuncture at two times per week for four weeks; psychiatric follow-ups for medication; pain management second opinion; Senna 8.6/50 #60 for medicine induced constipation; Cyclobenzaprine 7.5 mg as needed for muscle spasms; Ketoprofen cream; (retrospective date of service 5/27/15); mesh back support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The patient is a 52-year-old female with an injury on 05/26/2011. She has chronic low back pain with bilateral numbness and tingling of her legs. She ambulates with a cane. She has had at least 2 visits of chiropractic manipulation, at least 10 physical therapy visits and at least 26 visits of acupuncture. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. In addition, the addition of muscle relaxants to patients already treated with NSAIDS does not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.

Senna 8.6/50 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stimulant laxatives - www.nlm.nih.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 - 90.

Decision rationale: The patient is a 52-year-old female with an injury on 05/26/2011. She has chronic low back pain with bilateral numbness and tingling of her legs. She ambulates with a cane. She has had at least 2 visits of chiropractic manipulation, at least 10 physical therapy visits and at least 26 visits of acupuncture. There is insufficient documentation to substantiate long-term opiate treatment. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Since long-term opiates are not substantiated, the use of Senna to treat opiate induced constipation is not medically necessary.

Mesh back support (XXL): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar supports [http://www.odg-twc.com/odgtwc/low_back.htm#Lumbar supports](http://www.odg-twc.com/odgtwc/low_back.htm#Lumbar%20supports).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The patient is a 52-year-old female with an injury on 05/26/2011. She has chronic low back pain with bilateral numbness and tingling of her legs. She ambulates with a cane. She has had at least 2 visits of chiropractic manipulation, at least 10 physical therapy visits and at least 26 visits of acupuncture. MTUS, ACOEM notes that back supports are not an ACOEM recommended treatment. The mesh back support is not medically necessary.

Psychiatrist Follow-ups: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examination and Consultations, page 127.

Decision rationale: The patient is a 52-year-old female with an injury on 05/26/2011. She has chronic low back pain with bilateral numbness and tingling of her legs. She ambulates with a cane. She has had at least 2 visits of chiropractic manipulation, at least 10 physical therapy visits and at least 26 visits of acupuncture. There is insufficient documentation to substantiate that special psychiatric follow up is needed in this case. There is insufficient documentation to substantiate that specialized consultation follow up is needed as per ACOEM guidelines. This request is not medically necessary.

Pain management second opinion: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The patient is a 52 year old female with an injury on 05/26/2011. She has chronic low back pain with bilateral numbness and tingling of her legs. She ambulates with a cane. She has had at least 2 visits of chiropractic manipulation, at least 10 physical therapy visits and at least 26 visits of acupuncture. There is insufficient documentation that specialized consultation with a second pain management consultant is medically necessary; it is a personal preference but not a medical necessity.

Acupuncture (x8): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is a 52 year old female with an injury on 05/26/2011. She has chronic low back pain with bilateral numbness and tingling of her legs. She ambulates with a cane. She has had at least 2 visits of chiropractic manipulation, at least 10 physical therapy visits and at least 26 visits of acupuncture. As noted, she already completed 26 acupuncture visits and chronic treatment for maintenance with acupuncture is not consistent with Acupuncture Medical Treatment Guidelines. The additional 8 acupuncture visits are not medically necessary.

Ketoprofen Topical Gel (Retro DOS 5/27/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 112.

Decision rationale: The patient is a 52 year old female with an injury on 05/26/2011. She has chronic low back pain with bilateral numbness and tingling of her legs. She ambulates with a cane. She has had at least 2 visits of chiropractic manipulation, at least 10 physical therapy visits and at least 26 visits of acupuncture. MTUS, Chronic Pain, topical analgesics section notes that the use of topical NSAIDS for back pain is not well supported by large, high quality, peer-reviewed clinical trials. The efficacy of topical NSAIDS have been inconsistent. Topical Ketoprofen is not medically necessary.