

<b>Case Number:</b>	CM15-0166415		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	06/05/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 41 year old female, who sustained an industrial injury on June 05, 2014. The injured worker was diagnosed as having lumbago. Treatment and diagnostic studies to date has included acupuncture, laboratory studies, magnetic resonance imaging of the lumbar spine, chiropractic therapy, home exercise program, medication regimen, physical therapy, and Toradol injection. In a progress note dated July 20, 2015 the treating practitioner reports frequent, "moderate", shooting, and burning pain to the low back that radiates to the bilateral lower extremities, along with muscles spasms and losing his urine. The examination on July 20, 2015 revealed tenderness to the bilateral lumbar paraspinal muscles and positive lumbar facet loading maneuver bilaterally. On July 20, 2015 the treating physician noted magnetic resonance imaging of the lumbar spine performed on September 29, 2014 that was revealing for degenerative disc disease at lumbar two to three, facet arthropathy of the lumbar three to four through lumbar three to sacral one, and posterior annular fissure. On July 20, 2015 the injured worker's pain level was rated a 5 to 6 on a scale on 0 to 10 with the injured worker reporting 70% of his pain from his back. On July 20, 2015, the treating practitioner noted that the injured worker has had at least twelve sessions of acupuncture noting that the acupuncture "helped" the injured worker but also noted that the injured worker did not have "much improvement". The progress note from July 20, 2015 noted that the injured worker's current medication regimen included Cyclobenzaprine that the injured worker has been prescribed since at least June 05, 2014 with the injured worker noting use of this medication "sparingly when muscle spasms are bad", but the documentation provided did not indicate the injured worker's pain level prior to use of his medication regimen and after use of his medication regimen. On July 20, 2015 the treating practitioner also noted that the use of Cyclobenzaprine causes constipation to the

injured worker. The medical records provided indicated prior physical therapy, but the documentation did not indicate the quantity of sessions. The treating practitioner also did not indicate if the injured worker experienced any functional improvement with the use of the medication regimen, acupuncture, and physical therapy. On July 23, 2015 the treating practitioner requested Cyclobenzaprine 7.5mg with a quantity 60, ten sessions of physical therapy, and eight sessions of acupuncture noting that the treating practitioner wants to try the "combination of physical therapy and acupuncture to transition to the a home based exercise program". On July 30, 2015, the Utilization Review determined the request for Cyclobenzaprine 7.5 mg with a quantity 60, ten sessions of physical therapy, and eight sessions of acupuncture to be non-certified.

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

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

#### **Cyclobenzaprine 7.5 MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for Cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for Cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 6/2014. There is no documentation of the patients' specific functional level or percent improvement with treatment with Cyclobenzaprine. As it is recommended only for short-term use, medical necessity cannot be affirmed, therefore is not medically necessary.

#### **10 Sessions of PT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back physical Therapy.

**Decision rationale:** Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks. Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks. Per the medical records submitted for review, it is noted that the injured worker was previously treated with physical therapy. Per progress note dated 10/6/2014 it was noted that he had 9 visits of physical therapy where he was taught stretching program, which he does regularly. It is also evident in the records that 8 sessions of physical therapy were approved 6/2015. There is no indication as to why self-directed home based therapy is not adequate. The request is not medically necessary.

**8 Sessions of Acupuncture: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Per Acupuncture Medical Treatment Guidelines p9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20." The MTUS definition of functional improvement is as follows: "Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." With regard to acupuncture, ACOEM states "Acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success." ACOEM p309 gives needle acupuncture an optional recommendation for evaluating and managing low back complaints. The documentation submitted for review indicates the injured worker was treated with 12 sessions of acupuncture per progress report dated 7/20/15 but lacks evidence of functional benefit from the treatment. As such, the request for additional acupuncture is not appropriate and is not medically necessary.