

<b>Case Number:</b>	CM15-0192615		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	10/31/2002
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old woman sustained an industrial injury on 10-31-2002. Diagnoses include status post three level cervical spine fusion and lumbosacral discopathy with hypermobility. Treatment has included oral medications, acupuncture, and aquatic therapy. Physician notes dated 8-21-2015 show complaints of increasing neck pain and aching rated 7 out of 10, low back pain and aching rated 8 out of 10, jaw pain rated 8 out of 10, bilateral hip aching rated 6 out of 10, and bilateral wrist pain rated 7 out of 10. The physical examination shows an antalgic gait, tenderness to palpation of the paraspinal musculature of the cervical spine, range of motion is noted to be flexion 35 degrees, extension 35 degrees, bilateral rotation 40 degrees, and bilateral tilt 30 degrees, mild spasms is noted with range of motion, sensation is normal, there is mild shoulder elevation weakness due to pain, reflexes are normal and symmetric, mild positive head compression and negative Spurling's maneuver. The lumbar spine shows an abnormal toe and heel walk, tenderness is noted to palpation in the paraspinal musculature bilaterally and midline, muscle spasms are noted. Range of motion is noted to be flexion 15 degrees, extension 10 degrees, bilateral rotation 120 degrees, and bilateral tilt 10 degrees with spasms during range of motion. There is decreased sensation to pin wheel in the foot dorsum and posterolateral calf bilaterally, strength is decreased to 4 out of 5 in the plantar flexor and toe extensor bilaterally. Bilateral sacroiliac tenderness is noted on compression and sciatic nerve compression is positive bilaterally. Recommendations include acupuncture, aquatic therapy, lumbar spine MRI, electromyogram and nerve conduction studies, Robaxin, Anaprox, and follow up in six weeks. Utilization Review denied requests for Robaxin, Anaprox, lumbar

spine MRI, aquatic therapy, and acupuncture on 9-4-2015.

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

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

**Robaxin 750mg #60 with 0 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, muscle relaxants.

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

**Decision rationale:** The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. This medication is not recommended for long-term use and there are no extenuating circumstances or documentation of pain or functional improvement that warrant continued use in the injured worker, therefore the request for Robaxin is not medically necessary.

**Anaprox DS 550mg #100 with 0 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Per the MTUS, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI sides

effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. Unfortunately a review of the injured workers medical records do not reveal documentation of pain and functional improvement with the use of this medication, without this information the request is not medically necessary.

**MRI of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter: Indications for MRI.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS states that lumbar spine imaging should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However it may be appropriate when the physician believes it would aid in patient management. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion and should be reserved for cases in which surgery is considered or red-flag diagnoses are being considered. A review of the injured workers medical records that are available to me show that there has been no emergence of any red-flags that would warrant imaging, there was also no documentation of surgical considerations and therefore based on the injured workers clinical presentation and the guidelines the request for MRI Lumbar Spine is not medically necessary at this time.

**Aqua therapy, cervical and lumbar spine, 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface; Neck and Upper Back Chapter and Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** Per the MTUS Aquatic, therapy is 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. However a review of the injured workers medical records do not reveal that the injured worker is unable to tolerate land based physical therapy, without this information the request is not medically necessary.

**Acupuncture, cervical and lumbar spine, 2 times a week for 4 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Acupuncture.

**Decision rationale:** The MTUS recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments. 1-3 times a week for 1-2 months. Per the ODG acupuncture is not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. This passive intervention should be an adjunct to active rehab efforts. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) Unfortunately the request exceeds guideline recommendations of an initial trial of 3-4 visits, therefore the request for Acupuncture, cervical and lumbar spine, 2 times a week for 4 weeks is not medically necessary.