

<b>Case Number:</b>	CM15-0214626		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Texas, Illinois

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 29 year old woman sustained an industrial injury on 2-1-2010. Diagnoses include lumbar spine herniated nucleus pulposus, lumbar radiculopathy, and cauda equina. Treatment has included oral medications including Ibuprofen, Flexeril, Norco, and an over the counter stool softener, surgical intervention, TENS unit therapy, and epidural steroid injection. Physician notes dated 9-18-2015 show complaints of low back pain rated 6-8 out of 10 with muscle spasms, upper back pain rated 5 out of 10 with radiation to the bilateral shoulders and subsequent difficulty sleeping, constipation, and urinary urgency. The physical examination shows no acuter distress, normal heel-toe walk, tenderness to palpation of the lumbar paraspinal region. Range of motion is noted to be flexion 30 out of 60 degrees, extension 10 out of 25 degrees, and bilateral lateral bending 15 out of 25 degrees. Decreased sensation is noted to the L4 and S1 dermatomes, reflexes are absent on the left S1 dermatome, and positive straight leg raise on the right at 30 degrees. Recommendations include Tramadol-Acetaminophen, Cyclobenzaprine, lumbar spine MRI, chiropractic care, urology consultation, pain psychology consultation, Norco, and follow up in five weeks. Utilization Review modified requests for chiropractic trial and Norco on 10-6- 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trail of chiropractic care 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine.

**Decision rationale:** The injured worker sustained a work related injury on 2-1-2010. She has been diagnosed of lumbar spine herniated nucleus pulposus, lumbar radiculopathy, and cauda equina. Treatment has included oral medications including Ibuprofen, Flexeril, Norco, and an over the counter stool softener, surgical intervention, TENS unit therapy, and epidural steroid injection. The medical records provided for review do not indicate a medical necessity for Trail of chiropractic care 2 times a week for 4 weeks. The chiropractic Physical Medicine approach recommends a fading treatment of 8-10 visits over a 4-8 week period followed by home exercises; while the Manual therapy & manipulation approach recommends a therapeutic trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The request did not specify whether the request is for the manual therapy & manipulation approach; or whether it is the physical medicine approach. Also, the requested number of visits without objective evidence of functional improvement exceeds the guidelines recommendation if it is the Manual therapy & manipulation. The request is not medically necessary without specifying which form of chiropractic care is being requested.

**Norco 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for neuropathic pain, Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

**Decision rationale:** The injured worker sustained a work related injury on 2-1-2010. She has been diagnosed of lumbar spine herniated nucleus pulposus, lumbar radiculopathy, and cauda equina. Treatment has included oral medications including Ibuprofen, Flexeril, Norco, and an over the counter stool softener, surgical intervention, TENS unit therapy, and epidural steroid injection. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #120. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. It is not certain how long the injured worker has been using this medication, but the records indicate there has not been overall improvement with its use. Also, the records indicate she is not being properly

monitored for activities of daily living, aberrant behavior and pain control. Therefore, the requested treatment is not medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 2-1-2010. She has been diagnosed of lumbar spine herniated nucleus pulposus, lumbar radiculopathy, and cauda equina. Treatment has included oral medications including Ibuprofen, Flexeril, Norco, and an over the counter stool softener, surgical intervention, TENS unit therapy, and epidural steroid injection. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 7.5mg #60. Cyclobenzaprine is a muscle relaxant recommended with caution as an option for the treatment of acute exacerbation of chronic back pain. The dosing recommendation is 5 to 10 mg three times daily for no longer than 2-3 weeks. The medical records indicate the injured worker has been taking this medication for awhile; therefore, the requested treatment exceeds the recommended duration for the use of the medication. Therefore, the requested treatment is not medically necessary.