

<b>Case Number:</b>	CM15-0049883		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	12/27/2002
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 65-year-old female who reported an injury on 12/27/2002, with an unspecified mechanism of injury. Current diagnoses include sacroiliitis and thoracic or lumbosacral neuritis or radiculitis, with displacement of lumbar intervertebral disc without myelopathy. Current medications include hydrocodone, diazepam, Prilosec, and Amitiza. There is no indication of surgical history. Other therapies include the use of previous chiropractic care, aquatic therapy, and medications. The clinical note dating 02/03/2015 indicates the injured worker was seen for a follow-up examination. Complaints were regarding the lumbar spine pain. The injured worker indicated that her medications help reduce pain and maintain a level of functionality. The injured worker also complains of constipation and gastrointestinal issues. Physical examination revealed paravertebral muscle spasms present, most specifically at the left L1 and L2 levels. The bilateral L5-S1 facet joints were tender. The bilateral sacroiliac joints and iliolumbar ligaments were also tender. Lumbar range of motion was 0% reduced. There was a positive straight leg raise on the left side. There was also noted to be a positive Patrick's test on the right and a positive Kemp's test. Motor strength was noted to be 5/5 throughout the lower extremities and peripheral pulses were intact. Sensation was also noted to be intact, aside from the L4 dermatome, which revealed pain with a pins and needles sensation. Recommendations included hydrocodone, diazepam, Prilosec, and chiropractic care for 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The clinical records indicate that the injured worker has been using this medication since at least 04/2014. The California MTUS Guidelines do not recommend long term use due to tolerance and dependence. In addition, there was no clear objective functional improvement despite the use of diazepam. Given all of the above, this request is not medically necessary.

**Hydrocodone 5/500mg, #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

**Decision rationale:** The California MTUS Guidelines state that for long-term usage of opioids, there must be documentation of pain and functional improvement and compared to baseline. Pain should be assessed at each visit and functioning should be measured at 6 month intervals using a numeric scale or validated instrument. The clinical records show no clear objective functional improvement despite the use of hydrocodone. In addition, there was no indication of the use of drug screening to determine appropriate medication use. Given the above, this request is not medically necessary.

**Chiropractic x 6 visits, Cervical, Thoracic, Lower Back, Left Thumb, Bilateral Knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation, Subheading. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** In regard to the chiropractic care for the thumb, there was no indication of functional deficits noted on physical examination. In regard to the chiropractic care for the knee, guidelines do not recommend chiropractic care. For the cervical and thoracic spine, there are no functional deficits with normal range of motion noted on examination. In the lumbar spine, there

were no functional deficits with a reduction in motion by 0%. The guidelines state that chiropractic care in the chronic phase of treatment is dependent on objective evidence of functional improvement, such as reduction of return to work restrictions, reduction in medication usage, and objective increases in ADLs. Despite prior chiropractic care, there was no documentation of functional improvements or the injured worker's response to the treatment. Given the above, this request is not medically necessary.

**Prilosec 20mg, #60:** 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) Online Edition, Pain Chapter, PPI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state that a proton pump inhibitor is recommended for patients who utilize NSAIDs and who have risk factors. Although the injured worker does have risk factors with the use of ASA and age of 65, there is no evidence of concurrent use of NSAIDs or steroids. There is also no evidence of previous gastric ulcers. Proton pump inhibitor therapy is not effective for constipation, and therefore, is not medically necessary.