

<b>Case Number:</b>	CM15-0052509		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	02/24/2011
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, Arizona  
 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 34-year-old female who reported an injury on 02/24/2011. The mechanism of injury was not specifically stated. The current diagnoses include lumbar degenerative disc disease, lumbar radiculopathy, and insomnia. The injured worker presented on 01/12/2015 for a followup evaluation with complaints of 7/10 pain. The injured worker noted an improvement in symptoms with the current medication regimen. Upon examination, there was decreased range of motion of the lumbar spine. Recommendations included continuation of home exercise and TENS therapy, as well as refills for Effexor ER, cyclobenzaprine, and naproxen. A Request for Authorization form was then submitted on 01/12/2015, to include chiropractic manipulation secondary to a flare up of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, it is noted that the injured worker has utilized naproxen since 04/2014. Guidelines do not support long term use of NSAIDs. In addition, there was no evidence of objective functional improvement despite the ongoing use of this medication. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.

**Chiropractic Manipulative therapy x6 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. In this case, there was no comprehensive physical examination provided on the requesting date. There is no evidence of a significant musculoskeletal deficit. In addition, the request as submitted failed to indicate the specific body part to be treated. As such, the request is not medically appropriate at this time.

**TENS Supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** California MTUS Guidelines state a 1 month trial period with a TENS unit should be documented with evidence of how often the unit is used, as well as outcomes in terms of pain relief and function. It is noted that the injured worker has continuously utilized a TENS unit since 04/2014. There is no documentation of objective functional improvement to support the ongoing use of TENS therapy. As such, the request is not medically appropriate at this time.

**Venlafaxine 37.5 #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

**Decision rationale:** California MTUS Guidelines recommend Effexor as an option in first line treatment of neuropathic pain. It has also been FDA approved for treatment of depression and anxiety disorder. The injured worker does not maintain a diagnosis of anxiety or depression. There is no documentation of neuropathic pain upon examination. The medical necessity for the ongoing use of Effexor 37.5 mg has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm or spasticity upon examination. In addition, the injured worker has utilized cyclobenzaprine since 04/2014. Guidelines do not support long term use of this medication. There is also no frequency listed in the request. As such, the request is not medically necessary.