

<b>Case Number:</b>	CM15-0081500		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	01/23/2007
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 was a 49 year old female, who sustained an industrial injury, January 23, 2007. The injured worker previously received the following treatments Motrin, Ambien, Colace and Acetaminophen with codeine (Tylenol #3). The injured worker was diagnosed with carpal tunnel syndrome, cervical fusion November 21, 2009, lumbar spine discopathy, and bilateral hand numbness, anxiety. According to progress note of March 5, 2015, the injured worker's chief complaint was lumbar spine and hand pain. The injured worker walks 10 minutes. The injure worker had bowel changes. The injured worker also complained about increased anxiety. The physical exam noted tenderness of the lumbar spine with decreased range of motion. The exam noted bilateral hand numbness. The treatment plan included chiropractic services, internal medicine consultation for diabetes, prescriptions for Alprazolam ER and Acetaminophen with codeine. Patient has received an unspecified number of PT visits for this injury. The medication list includes Glimepride, Simvastatin and Losartan. The patient has had history of HTN and DM. Any lab report was not specified in the records provided. The patient has had history of depression, anxiety and difficulty in sleeping. A recent urine drug screen report was not specified in the records provided A recent detailed psychological evaluation note was not specified in the records provided. The patient has had EMG study of the UE that revealed C8 radiculopathy and MRI of the lumbar spine that revealed disc protrusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2 times per week for 4 weeks for the lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, page 58-59.

**Decision rationale:** Request: Chiropractic therapy 2 times per week for 4 weeks for the lumbar spine. Per the MTUS guidelines regarding chiropractic treatment, One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic. In addition the cite guideline states: Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Patient has received an unspecified number of PT visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of the request for additional chiropractic treatment left shoulder Quantity 12 is not medically necessary for this patient.

**Internal Medicine evaluation for diabetes: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

**Decision rationale:** Per the cited guidelines, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The injured worker was diagnosed with carpal tunnel syndrome, cervical fusion November 21, 2009, lumbar spine discopathy, and bilateral hand numbness anxiety. According to progress note of March 5, 2015, the injured workers chief complaint was lumbar spine and hand pain. The

injured worker also complained about increased anxiety. The physical exam noted tenderness of the lumbar spine with decreased range of motion. There exam noted bilateral hand numbness. The medication list includes Glimepride, Simvastatin and Losartan. The patient has had history of HTN and DM. The patient has had history of depression, anxiety and difficulty in sleeping. The patient has had EMG study of the UE that revealed C8 radiculopathy and MRI of the lumbar spine that revealed disc protrusion. There is evidence of psychosocial factors. Therefore this complex case and the management of this case would be benefited by an Internal Medicine evaluation for diabetes. The request for Internal Medicine evaluation for diabetes is medically necessary and appropriate for this patient.

**Alprazolam ER 1mg #30 with 1 refill:** Upheld

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

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

**Decision rationale:** Alprazolam ER 1mg #30 with 1 refill Alprazolam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia and anxiety is not specified in the records provided. A response of the patient's insomnia and anxiety to tricyclic antidepressants is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Alprazolam ER 1mg #30 with 1 refill is not fully established in this patient.

**APAP/Codeine 300/30mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS, Therapeutic Trial of Opioids.

**Decision rationale:** APAP/Codeine 300/30mg #60 with 1 refill. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA

MTUS guidelines cited below, "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "the lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. The level of pain control with lower potency opioids like tramadol and other non opioid medications, without the use of norco, was not specified in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report was not specified in the records provided. The level of pain control with lower potency opioids like tramadol and other non opioid medications, without the use of norco, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of APAP/Codeine 300/30mg #60 with 1 refill is not established for this patient.