

<b>Case Number:</b>	CM14-0098198		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 worker is a 62 year old female who was injured on 12/02/2010 involving her back after breaking up a fight. She was diagnosed with lumbar disc degeneration with lumbar pain. She was treated with chiropractor treatments (x 12 or more), lumbar epidural steroid injection, acupuncture, physical therapy, and medications. She was able to return to work at full duty. On 5/20/2014, the worker was seen by her primary treating physician reporting her chronic low back pain without any radicular symptoms. She reported also having completed 5 of 6 chiropractic sessions which seem to help reduce her low back pain. She reported her pain level at a 6/10 on the pain scale. She also reports stretching every day. Physical examination was significant for decreased range of motion of the lumbar spine due to pain (similar to prior examinations). She was recommended to complete 6 more sessions of chiropractic treatments, add Zorvolex (Diclofenac) for its "faster absorption" with "less side effects", according to the requesting physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zervolex 35mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, she was prescribed a new NSAID (Zorvolex) to help reduce her pain. However, there was no evidence that the worker was experiencing an acute exacerbation of her low back pain that would warrant a short-term use of an NSAID, regardless of which brand or formulation. Therefore, the Zervolex 35mg #90 is not medically necessary and appropriate, according to the evidence available for review.

**Six (6) Chiropractic sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that manual therapy and manipulation performed by a chiropractor is recommended for chronic pain if caused by musculoskeletal conditions such as back pain. The intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For low back pain, it recommends a trial of 6 visits over 2 weeks, and continuation up to 18 visits over 6-8 weeks with evidence of objective functional improvement. Elective or maintenance care beyond this is not medically necessary as it is a passive modality. However, if a flare-up of back pain occurs, a limit of 1-2 visits every 4-6 months may be considered as long as, again, there is an evaluation of success. Ankle, foot, forearm, wrist, hand, and knee complaints do not qualify for manual therapy, according to the MTUS. In the case of this worker, she had completed at least 12 sessions of chiropractor treatments. Although, there was mention of her having some benefit from these treatments in the past, there was not enough evidence of specific functional benefit, and more importantly, the number and duration requested is beyond the recommended amount. Also, there was no evidence of the worker having a flare-up, which suggests that this request was for maintenance, which is also inappropriate. Therefore, the 6 sessions of chiropractor treatments are not medically necessary.