

<b>Case Number:</b>	CM14-0212226		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	04/06/2014
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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 patient is a 33 year old female with an injury date on 04/06/2014. Based on the 11/07/2014 progress report provided by the treating physician, the diagnoses are: 1. Sacroiliac sprain/strain. 2. Lumbar disc herniation. 3. Myofascial pain syndrome. According to this report, the patient complains of moderate to severe low back pain that is daily constant stabbing pains crushing pain across her back to her hip and groin. The patient states she gets relief with laying on bed and having someone pull on her legs. Pain in the pelvis is deep and aching with radiation to the groin with numbness on the lateral leg and groin. Physical exam reveals an individual who appears to be in mild distress, anxious and depressed. Lumbar range of motion is restricted. There is tenderness to palpation at the paraspinal muscles, right gluteus muscles, and right sacroiliac joint. Gillets test, FABER test, and Straight leg raise test are positive on the right. There is mild loss of sensation at the right lateral thigh. Patella reflex is 0/3, hamstring reflex is 1/3 rides, and Achilles reflex is 1/3; bilaterally. Treatment to date includes acupuncture, ESI about a year ago, and surgeries include Hysterectomy. The treatment plan is to request for chiropractic care, medications, schedule for surgery consult, and return in 4 weeks for follow up visit. The patient's disability status is currently receiving Temporary Disability benefits. Apr 14 2014 is the last day she worked. There were no other significant findings noted on this report. The utilization review denied the request for (1) 6 sessions of Chiro, (2) Doxepin, and (3) Flexeril on 11/17/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 04/17/2014 to 12/03/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of chiro:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 61-62.

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

**Decision rationale:** According to the 11/07/2014 report, this patient presents with constant, moderate to severe low back pain with stabbing and crushing pain. The current request is for 6 sessions of chiro. Regarding chiropractic manipulation, MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In reviewing of the provided reports the patient has not had chiropractic treatment since the industrial injury. In this case, given that the patient's symptoms are constant, moderate to severe, the requested 6 sessions do not appear excessive. MTUS recommends an optional trial of 6 visits to address chronic conditions. The request IS medically necessary.

**Doxepin 25mg 1-2 at bedtime:** 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 Antidepressants; Tricyclics Page(s): 13-15; 122.

**Decision rationale:** According to the 11/07/2014 report, this patient presents with constant, moderate to severe low back pain with stabbing and crushing pain. The current request is for Doxepin 25mg 1-2 at bedtime. Doxepin is a tricyclic antidepressant drug used to treat sleep problems (insomnia). The MTUS guidelines on page 15 states, "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. MTUS on page 122 states, "Recommended. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." In reviewing the provided reports, this medication was first mentioned in the 10/31/2014 report; it is unknown exactly when the patient initially started taking this medication. In this case, the treating physician has not documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request IS NOT medically necessary.

**Flexeril:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; MTUS for pain Page(s): 64, 63.

**Decision rationale:** According to the 11/07/2014 report, this patient presents with constant, moderate to severe low back pain with stabbing and crushing pain. The current request is for Flexeril. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer than the recommended 2-3 weeks. The treating physician is requesting Flexeril and this medication was first noted in the 10/31/2014 report. Flexeril is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.