

<b>Case Number:</b>	CM14-0216848		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/02/2014
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old male, who was injured on the job, June 2, 2014. The injured worker suffered a cervical and lower back injury. According to the QME report of August 3, 2014, the injured worker was diagnosed with muscle strain of the cervical and lumbar spine, of June 12, 2014 were resolved; pre-existing extensive spinal degenerative disc disease, cervical and lumbar spine, chronic, non-occupational, obesity, diabetes and hypertension. The injured worker was also deemed permanent and stationary as of July 16, 2014. According to the progress note of June 2, 2014, the physical exam showed abnormal posture, tenderness in the right low back, no spasms, restricted range of motion due to pain with no sensory or vascular deficits noted. The three view x-rays were taken of the lumbar spine, on June 2, 2014, showed no significant abnormalities. The injured worker was not working after the injury, June 2, 2014. On July 10, 2014, an MRI of the cervical spine was completed. The MRI showed moderate multilevel degenerative disc disease, multilevel neural foraminal narrowing and spinal stenosis with normal spinal cord signal intensity. On July 10, 2014, an MRI of the lumbar spine was completed. The MRI showed L3-L4 3-4mm circumferential disc bulge. There was moderate to severe bilateral neural foraminal narrowing. There was moderate spinal canal stenosis measuring 8mm in AP dimension. L4-L5 there was 4mm circumference disc bulge with superimposed inferiorly extended 7mm broad-based central disc protrusion with severe bilateral neural foraminal narrowing. There was severe spinal canal stenosis measuring less than 5mm in AP dimension with effacement of the cervical spinal fluid space surrounding the transiting nerve roots. L5-S1 there was a 5mm circumferential disc bulge. There were several bilateral neural

foraminal narrowing. There was moderate to severe canal stenosis measuring less than 7mm in the AP dimension. There was bilateral facet joint hypertrophy. According to the QME report of August 3, 2014, the injured worker was complaining of headaches and searing heat-type of pain in the back of the head as well as both trapezii. The injured worker also complained of low back pain with occasional numbness of the right leg. The physical exam noted the injured worker has difficulty moving due to the injured workers large size. However, the injured worker moves normally without obvious discomfort. The injured worker had normal posture. The injured worker had no difficulty with heel to toe ambulation. The x-rays of the lumbar spine showed extensive degenerative disc disease, which pre-existed the incident of June 2, 2014. According to the QME report, of August 3, 2014, from an occupational standpoint, the injured worker requires no further medical care. The injured worker should follow-up with his primary care physician on a non-industrial basis for evaluation of degenerative disc disease, diabetes, hypertension and obesity. Most of the medical records submitted for review were prior to the June 2, 2014, work related injury. On December 8 2014, the UR modified the authorization for acupuncture to the cervical spine 3 times a week for 2 weeks; to 3 visits, due to the MTUS Chronic Pain Medical Treatment Guidelines. The authorization for cyclobenzaprine was denied, due to the MTUS Chronic Pain guidelines for short term use of cyclobenzaprine. The request for topoprophan was denied, due to the not support for medical foods given the lack of long term benefit, guidelines not addressed by ACOME/MTUS/ODG. The request for Norco was modified, due to the MTUS guidelines for Chronic Pain opioid weaning.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 3x2 cervical and lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for acupuncture 3x2 cervical and lumbar spine is not medically necessary. According to the California MTUS Guidelines, acupuncture is recommended when medications are no longer effective or the patient is intolerant to them. The guidelines also state that acupuncture is to be used in adjunct to an active therapeutic exercise program. The clinical documentation submitted for review indicated the injured worker had full range of motion to his cervical and lumbar spine. Additionally, it was not indicated that the injured worker was participating in an adjunctive therapeutic exercise program, nor was a rationale provided for the request. Consequently, the request is not supported. As such, the request for acupuncture 3x2 cervical and lumbar spine is not medically necessary.

**Flexeril 10mg #30 with 1 refill:** Upheld

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

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

**Decision rationale:** The request for Flexeril 10 mg #30, with 1 refill, is not medically necessary. According to the California MTUS Guidelines, cyclobenzaprine is recommended for no more than 3 weeks. The clinical documentation submitted for review did not indicate how long this injured worker had been on this medication nor was its efficacy indicated. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specifically duration and frequency of use. As such, the request for Flexeril 10 mg #30, with 1 refill, is not medically necessary.

**Toprophan #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://enovachem.us.com/portfolio/toprophan/>

**Decision rationale:** The request for Toprophan #30, with 1 refill, is not medically necessary. According to Enovachem, toprophan is used to aid people in falling asleep and staying asleep. The clinical documentation submitted for review did not indicate the efficacy of the use of this medication. Consequently, the request is not supported. Additionally, the request did not specify duration and frequency of use. As such, the request for Toprophan #30, with 1 refill, is not medically necessary.

**Norco 10/325mg #60:** Upheld

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

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

**Decision rationale:** The request for Norco 10/325mg #60 is not medically necessary. According to the California MTUS Guidelines recommend, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug-taking behaviors. The clinical documentation submitted for this review did not indicate the injured worker's pain and ADLs with and without the use of this medication. It was also indicated on a urine drug screen performed on 10/22/2014, that this injured worker was inconsistent with the prescribed medication. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration or frequency of use. As such, the request for Norco 10/325 mg #60 is not medically necessary.