MAXIMUS Federal Services

Case Number:	CM15-0121235		
Date Assigned:	07/01/2015	Date of Injury:	07/06/2008
Decision Date:	08/24/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/23/2015

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
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 (IW) is a 43 year old male who sustained an industrial injury on 07/06/2008. He reported trauma from heavy lifting. The injured worker was diagnosed as having lumbar spine degenerative disc disease. Treatment to date has included extensive chiropractic care and physical therapy, extensive acupuncture therapy and medications including topical creams and Norco. A MRI of 12/16/2008 showed degenerative disc disease from L4-S1 with some canal stenosis at L4-L5 and some neuroforaminal narrowing at L4-5. He also had disc bulging at L4-5 and L5-S1. Currently, the injured worker states his symptoms have remained persistent and unchanged. He complains that his pain is intensified with sitting for long periods of time. He complains of constant tightness in the low back currently rated at 5/10. The worker states his pain is 80% right sided and 20% on the left. He has tightness but no spasms. Bending, squatting and kneeling intensify his back pain. He can stand and walk for about six hours. On exam, there is bilateral tenderness to palpation in the paraspinal region of the lumbar spine and tenderness to palpation over the lumbar spine. Diagnoses as of 04/22/2015 include lumbar spine degenerative disc disease; spinal stenosis; facet arthropathy with retrolisthesis L4-5 and L5-S1, and lumbar radiculopathy. Treatment recommendations included chiropractic care, diagnostic MRI, continuation of a home exercise program, and medications. A request for authorization is made for the following: 1. Chiropractic manipulative treatment 2 times per week for 4 weeks, 2. Cyclobenzaprine 7.5mg #30, 3. Cyclobenzaprine 5% and 4. Norco 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulative treatment 2 times per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 40.

Decision rationale: The patient presents on 04/22/15 with lower back pain rated 5/10 which is greater on the right side. The patient's date of injury is 07/06/08. Patient has no documented surgical history directed at this complaint. The request is for CHIROPRACTIC MANIPULATIVE TREATMENT 2 TIMES PER WEEK FOR 4 WEEKS. The RFA is dated 04/22/15. Physical examination dated 04/22/15 reveals tenderness to palpation of the right paraspinal region of the lumbar spine, and mild tenderness in the left region of the lumbar spine. Lumbar range of motion is decreased in all planes, and neurological/motor function is otherwise unremarkable in the bilateral lower extremities. The patient is currently prescribed Ibuprofen and Aleve. Diagnostic imaging included MRI of the lumbar spine dated 05/27/15, significant findings include: "a mild diffuse bulge and small superimposed central extrusion are noted at L4-5; this results in mild central canal stenosis... mild dufuse bulged and superimposed broad-based central protrusion are also noted at L5-S1... hypertrophic facet joint changes are present bilaterally at L4-5 and L5-S1..." Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines, page 40, regarding Manual Therapy and Manipulation state: "Recommended for chronic pain if caused by musculoskeletal conditions and manipulation is specifically recommended as an option for acute conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in function that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of-motion but not beyond the anatomic range-of-motion. Treatment Parameters from state guidelines: a. Time to produce objective functional gains: 3-5 treatments. b. Frequency: 1-5 supervised treatments per week the first 2 weeks, decreasing to 1-3 times per week for the next 6 weeks, then 1-2 times per week for the next 4 weeks, if necessary. c. Optimum duration: Treatment beyond 3-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session." In regard to the request for 8 additional sessions of chiropractic care for this patient's lower back complaint, the provider has not provided documentation of objective improvements attributed to prior treatments. This patient was authorized 8 sessions of chiropractic care following a visit on 12/29/14, though no functional improvements attributed to these treatments have been provided in the most recent report. Per 04/22/15 progress note: "since the patient's last visit, he states that his symptoms have remained persistent and unchanged." MTUS guidelines support manual manipulation as an appropriate treatment modality, though require documentation of objective functional improvements to continue treatment beyond 3-6 sessions. This patient was originally authorized 8 sessions, with no stated objective improvements documented in the subsequent reports.

Without such documentation, additional treatments cannot be substantiated. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine 7.5mg #30: Upheld

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

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

Decision rationale: The patient presents on 04/22/15 with lower back pain rated 5/10, which is greater on the right side. The patient's date of injury is 07/06/08. Patient has no documented surgical history directed at this complaint. The request is for CYCLOBENZAPRINE 7.5MG #30. The RFA is dated 04/22/15. Physical examination dated 04/22/15 reveals tenderness to palpation of the right paraspinal region of the lumbar spine, and mild tenderness in the left region of the lumbar spine. Lumbar range of motion is decreased in all planes, and neurological/motor function is otherwise unremarkable in the bilateral lower extremities. The patient is currently prescribed Ibuprofen and Aleve. Diagnostic imaging included MRI of the lumbar spine dated 05/27/15, significant findings include: "a mild diffuse bulge and small superimposed central extrusion are noted at L4-5; this results in mild central canal stenosis... mild dufuse bulged and superimposed broad-based central protrusion are also noted at L5-S1... hypertrophic facet joint changes are present bilaterally at L4-5 and L5-S1..." Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to what appears to be the initiating prescription of Cyclobenzaprine, this patient does not present with symptoms which would necessitate such a medication. Progress note dated 04/22/15 states: "He reports tightness in his lower back but denies spasms." While the requested amount of 30 tablets 7.5MG could potentially limit the use of this medication to 2-3 weeks, the patient does not complain of spasms for which such a medication is considered appropriate, nor are there any muscle spasms noted on physical examination. Without complaints of symptoms for which Cyclobenzaprine would be considered an appropriate medication, the medical necessity cannot be substantiated. The request IS NOT medically necessary.

Cyclobenzaprine 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents on 04/22/15 with lower back pain rated 5/10 which is greater on the right side. The patient's date of injury is 07/06/08. Patient has no documented surgical history directed at this complaint. The request is for CYCLOBENZAPRINE 5%. The RFA is dated 04/22/15. Physical examination dated 04/22/15 reveals tenderness to palpation of the right paraspinal region of the lumbar spine, and mild tenderness in the left region of the lumbar spine. Lumbar range of motion is decreased in all planes, and neurological/motor function is otherwise unremarkable in the bilateral lower extremities. The patient is currently prescribed Ibuprofen and Aleve. Diagnostic imaging included MRI of the lumbar spine dated 05/27/15, significant findings include: "a mild diffuse bulge and small superimposed central extrusion are noted at L4-5; this results in mild central canal stenosis... mild dufuse bulged and superimposed broad-based central protrusion are also noted at L5-S1... hypertrophic facet joint changes are present bilaterally at L4-5 and L5-S1..." Patient is currently not working. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." In regard to the topical compounded cream containing Cyclobenzaprine, the requested cream contains ingredients which are not supported as topical agents. MTUS guidelines do not support the use of muscle relaxants such as Cyclobenzaprine in topical formulations. Guidelines state that any compound which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary.

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 04/22/15 with lower back pain rated 5/10, which is greater on the right side. The patient's date of injury is 07/06/08. Patient has no documented surgical history directed at this complaint. The request is for NORCO 5/325MG #60. The RFA is dated 04/22/15. Physical examination dated 04/22/15 reveals tenderness to palpation of the right paraspinal region of the lumbar spine, and mild tenderness in the left region of the lumbar spine. Lumbar range of motion is decreased in all planes, and neurological/motor function is otherwise unremarkable in the bilateral lower extremities. The patient is currently prescribed Ibuprofen and Aleve. Diagnostic imaging included MRI of the lumbar spine dated 05/27/15, significant findings include: "a mild diffuse bulge and small superimposed central extrusion are noted at L4-5; this results in mild central canal stenosis... mild dufuse bulged and superimposed broad-based central protrusion are also noted at L5-S1... hypertrophic facet joint changes are present bilaterally at L4-5 and L5-S1..." Patient is currently not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires

documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request for Norco, the treater has not provided adequate documentation to continue its use. It appears that this patient was originally prescribed Codeine and Tramadol, per 12/29/14 RFA, and that the provider is switching to Norco per 04/22/15 visit. This progress note does not address the prior efficacy of narcotic medications, nor does it provide any functional improvements attributed to narcotic medications. In addition, there are no consistent toxicology reports provided for review, and no stated lack of aberrant behavior at initiation. MTUS required documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. Without documentation of the 4A's as required by MTUS, this medication cannot be substantiated. The request IS NOT medically necessary.