

<b>Case Number:</b>	CM15-0076596		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	05/10/2009
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 is a 61 year old female who sustained an industrial injury on 5/10/09. The mechanism of injury is unclear. She is currently experiencing lumbar spasms. Medications are cyclobenzaprine, Tramadol, gabapentin, omeprazole. Diagnosis is lumbar spine discopathy. Treatments to date include medications, lumbar epidural steroid injections, times three with benefit. In the progress note dated 3/5/15 the treating provider's plan of care includes request for cyclobenzaprine, gabapentin, omeprazole, Ultram and eight chiropractic visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy x 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation page(s): 58.

**Decision rationale:** The patient is a 61 year old female with an injury on 05/10/2009. She has lumbar spasm and disc disease. MTUS, Chronic pain guidelines provide for an initial 3 to 6 visits of chiropractic care for low back complaints and for more visits there must be objective documentation of improvement. The requested 8 visits for initial treatment is not consistent with MTUS guidelines. The request is not medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants page(s): 63 - 66.

**Decision rationale:** The patient is a 61 year old female with an injury on 05/10/2009. She has lumbar spasm and disc disease. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. In addition, the addition of muscle relaxants to patients already treated with NSAIDS does not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.

**Gabapentin 300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin page(s): 49.

**Decision rationale:** The patient is a 61 year old female with an injury on 05/10/2009. She has lumbar spasm and disc disease. MTUS, chronic pain guidelines note that Gabapentin (Neurontin) is FDA approved treatment for diabetic neuropathy and post herpetic neuropathy. The patient does not have any of these conditions and Neurontin is not medically necessary for this patient.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms and Cardiovascular risk page(s): 68 - 69.

**Decision rationale:** The patient is a 61 year old female with an injury on 05/10/2009. She has lumbar spasm and disc disease. MTUS, chronic pain guidelines note criteria for the medical necessity for proton pump inhibitors (PPI) include patient age of 65 or higher, history of GI

bleeding or peptic ulcer disease or taking anticoagulants. The patient documentation does not meet these criteria and the requested PPI is not medically necessary.

**Tramadol/APAP 37.5/300mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management page(s): 68 - 69.

**Decision rationale:** The patient is a 61 year old female with an injury on 05/10/2009. She has lumbar spasm and disc disease. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The request is not medically necessary.