

<b>Case Number:</b>	CM13-0017219		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine and rehabilitation, has a subspecialty in interventional medicine, and is licensed to practice in California. 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 physician 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.

### 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 IMR application lists the injury date as 5/7/12 and shows a dispute with the 8/21/13 UR decision. The 8/21/13 UR letter is by [REDACTED] in response to the 8/13/13 medical report and modifies massage x8 to allow 4 sessions; denies Norco, Robaxin, Fioricet, the interferential unit and urine drig screen (twice). The 8/20/13 UDS was reported to be consistent, detecting only acetaminophen. The sample was taken on 8/13/13. There was no hydrocodone detected. The 8/13/13 report is a new patient evaluation by [REDACTED]. [REDACTED] describes the patient as a 53-year-old with 7/10 upper back, 5/10 bilateral shoulder, neck pain and headaches. The patient was previously evaluated by various physicians and found to have post traumatic brain injury. Even before she came to [REDACTED], she was on cyclobenzaprine, Fioricet, Hydrocodone, Mircette, Voltaren and Thermacare. [REDACTED] found muscle spasms on exam and diagnosed upper back pain, shoulder pain, neck pain, and headache. He requested massage x8, an IF unit, and the addition of Celebrex to the medications. The Doctor's First Report form by [REDACTED] is the earliest report available for this initial medical review and was dated 6/25/12. It states that on 5/7/12 the patient was involved in a work-related rear-end MVA (motor-vehicle accident). She had persistent headaches since the injury and MRI from 6/6/12 showed cervical thin syringohydromyelia between C5 and C7. Medications included hydrocodone and carisoprodol, and she was trialed on Nortriptyline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 massage therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, massage therapy is recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007). The Chronic Pain Medical Treatment Guidelines states massage should be limited to 4-6 sessions. The utilization review had modified the request for 8 sessions of massage to allow 4 sessions. The request for 8 sessions of massage will exceed Chronic Pain Medical Treatment Guidelines recommendations. The request for 8 massage therapy sessions is not medically necessary or appropriate.

**Norco 10/325mg #60 with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long Term Opioid Page(s): 88-89.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, one criteria for the use of long-term opioids is to document pain and functional improvement with a comparison to baseline, with a satisfactory response being decreased pain, increased level of function, and/or an improvement in quality of life. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. The records show the patient had been on Norco(hydrocodone/APAP) since before 6/25/12. There is no documentation of decreased pain levels, improved function or quality of life. [REDACTED] on 8/20/13 reviewed the UDS (urine drug screen) results form 8/13/13, and notes it did detect

APAP, but no hydrocodone. He stated the UDS was consistent, but did not provide discussion on why the hydrocodone was negative when the patient is reported to have been using this since 2012. The patient's pain levels do not appear to be affected with the use of Norco. The continued use of Norco in the absence of documented efficacy does not appear to be in accordance with Chronic Pain Medical Treatment Guidelines recommendations. The request for Norco 10/325mg #60 with one refill is not medically necessary or appropriate.

**Robaxin 750mg #60:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: According to the the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The records show the patient has tried the muscle relaxant Soma back in 2012, but there does not appear to be any recent use of muscle relaxants, as they did not show up on the 8/13/13 UDS. The Chronic Pain Medical Treatment Guidelines has some recommendations for short-term use of muscle relaxants for pain. There is no indication that the patient has tried Robaxin, and the trial would appear to be in accordance with Chronic Pain Medical Treatment Guidelines. However, the request before me, is for Robaxin 750mg, #60 with one refill. The necessity for the refill would be dependent whether there is any functional improvement with the initial trial. The IMR policy does not allow for partial certification at this time, and the request as written does not completely comply with Chronic Pain Medical Treatment Guidelines guidelines. The request for Robaxin 750mg #60 is not medically necessary or appropriate.

**Fioricet #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, barbituate-containing analgesic agents are not recommended for chronic pain. Since the guidelines specifically states it is not recommended for chronic pain, the request for Fioricet is not in accordance with Chronic Pain Medical Treatment Guidelines. The request for Fioricet #60 is not medically necessary or appropriate.

**One interferential unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar & Thoracic (Acute & Chronic)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the the Chronic Pain Medical Treatment Guidelines, an interferential unit is not recommended as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There is no discussion of benefit with Intefereential therapy and no discussion adjunctive therapy, including return to work, or exercises. The request is not in accordance with Chronic Pain Medical Treatment Guidelines. The request for one interferential unit is not medically necessary or appropriate.

**One urine drug screen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,94-95.

**Decision rationale:** The Physician Reviewer's decision rationale: The records show [REDACTED] ordered the UDS on 8/13/13 when he initially evaluated the patient. At that time, he noted the patient was on hydrocodone before he saw her. There were no prior UDS reports for 2013. [REDACTED] did not discuss any benefits with the hydrocodone, but refilled the prescription and performed the UDS. The UDS results were available on 8/30/13 and it was negative for hydrocodone, but Dr Jakubowski stated this was a consistent report. The Chronic Pain Medical Treatment Guidelines recommends a UDS to detect other illegal drugs, and as a step to avoid opioid misuse. The UDS was in accordance with Chronic Pain Medical Treatment Guidelines. The request for one urine drug screen is medically necessary and appropriate.

**One urine drug screen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,94-95.

**Decision rationale:** The Physician Reviewer's decision rationale: The records show [REDACTED] ordered the UDS on 8/13/13 when he initially evaluated the patient. At that time, he noted the patient was on hydrocodone before he saw her. There were no prior UDS reports for 2013. [REDACTED] did not discuss any benefits with the hydrocodone, but refilled the

prescription and performed the UDS. The UDS results were available on 8/30/13 and it was negative for hydrocodone, but Dr Jakubowski stated this was a consistent report. The Chronic Pain Medical Treatment Guidelines recommends a UDS to detect other illegal drugs, and as a step to avoid opioid misuse. The UDS was in accordance with Chronic Pain Medical Treatment Guidelines. The request for one urine drug screen is medically necessary and appropriate.