

<b>Case Number:</b>	CM13-0026972		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	11/26/2001
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Family Medicine, has a subspecialty in Preventive 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Female claimant sustained an injury on 11/26/01 which resulted in lumbar strain, knee derangement, and cervical strain. The claimant has been taking Lortab and Norco for pain control, Fexmid (Cyclobenzaprine) for muscle spasms, Valium, and Pepcid for gastric reflux prophylaxis. She has been on short acting opioids, benzodiazepines and Proton pump inhibitors for over 7 years. Prior treatments have also included epidural steroid injections and h-wave therapy. A recent report on 6/14/13 outlined that the claimant is not getting relief on the current pain medications which have been the similar formulation of Norco, Lortab, Fexmid, Valium and Pepcid for months. The mediations however were continued and a request for additional lumbar injections and h-wave therapy were made. An orthopedic note on 8/9/13 noted lower extremity numbness, continued low back pain, reduced range of motion, tenderness and effusion in the knees. The above medications were continued along with the addition of Colace, additional aqua therapy and h-wave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace (docusate sodium) 100 mg #60: 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 Opioid Therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** According to the MTUS guidelines, prophylactic therapy for constipation should be provided when initiating opioid treatment. No specific mention is made in the MTUS guidelines about Docusate. The Official Disability Guidelines (ODG) Guidelines state the following : First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. In this case, the claimant has been on opioids for years without mention of prophylactic treatment. There were no subjective complaints by the claimant of constipation. Furthermore, Colace is not the 1st line treatment for opioid related constipation. As a result it is not medically necessary to prescribe Colace.

**Norco (Hydrocodone/APAP) 10/325 mg #60 with two (2) refills:** 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 Opioids Page(s): 74-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on short acting opioids for year with no improvement in pain scale . The continued use of Norco is not medically necessary.

**Lortab (Hydrocodone/BIT/ACET) 7.5/500 mg #60 with two (2) refills:** 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 Opioids Page(s): 74-92.

**Decision rationale:** Lortab contains short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a

trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on short acting opioids for years with no improvement in pain scale. The continued use of Lortab ( 2 refills) is not medically necessary.

**Fexmid (Cyclobenzaprine HCL) 7.5 mg #60: 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 Cyclobenzaprine Page(s): 67.

**Decision rationale:** Fexmid is Cyclobenzaprine. According to the MTUS guidelines: Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. However in Low back pain they show no benefit over NSAIDS in pain and overall improvement. The efficacy diminishes over time and there is risk of dependency. In this case, there is no documented benefit on Fexmid which has been used for an extended period of time beyond that recommended by the guidelines. It is not medically necessary.

**Valium (Diazepam) 10 mg #60: 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 Benzodiazepines Page(s): 24.

**Decision rationale:** Valium is a benzodiazepine. According to the MTUS guidelines: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, the employee has been on Valium for years with no substantiated benefit. The continued use risks further dependence and addiction and is not medically necessary.

**Pepcid: 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 NSAIDs Page(s): 68.

**Decision rationale:** According to the MTUS guidelines, Proton pump inhibitors are to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. There is no current use of NSAID in this case. A similar extrapolation would be applied to H2 blockers for gastric reflux. Furthermore recent documentation does not provide substantiation the claimant's gastric symptoms or reasoning for long term use of Pepcid. Therefore, the continued use of Pepcid is not medically necessary.

**Pool therapy; six (6) sessions:** 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 Aquatic Therapy Page(s): 22, 99.

**Decision rationale:** Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity). The physical therapy guidelines recommend fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the claimant had already received greater than 6 pool sessions along with land based therapy. The claimant's response and documentation of prior aquatic therapy is not provided. Based on the above, additional 6 sessions of pool therapy is not medically necessary.

**H-wave therapy:** 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 H-Wave Page(s): 117.

**Decision rationale:** Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician-documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared

to TENS for analgesic effects. In this case, the claimant has already completed a month of h-wave. There is no specific documentation of response to H-wave or failure on TENS unit. In addition, the evidence is greater for diabetic neuropathy rather than chronic pain. H-wave therapy is not medically necessary.