

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0031030 |                              |            |
| <b>Date Assigned:</b> | 04/25/2014   | <b>Date of Injury:</b>       | 07/31/2008 |
| <b>Decision Date:</b> | 07/14/2014   | <b>UR Denial Date:</b>       | 09/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2013 |

### 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. The expert reviewer is Board Certified in Occupational 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 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/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:

The patient is a 55-year-old female who has submitted a claim for cervical strain, status post left shoulder surgery, status post carpal tunnel release on the left, and lumbar strain associated with an industrial injury date of July 31, 2008. The medical records from 2012 to 2013 were reviewed. Patient complained of neck pain associated with tension headaches, popping, locking, aching, and burning sensation. Pain radiated to the bilateral hands. She likewise complained of stiffness in the right shoulder aggravated by overhead movements. She noted weakness with gripping and grasping leading to dropping off objects unintentionally. Patient likewise complained of low back pain associated with stiffness, and tightness. Pain radiated to bilateral lower extremities associated with numbness and tingling sensation at the feet. This resulted to difficulty in walking, standing, climbing stairs, kneeling or squatting. Patient was noted to be slightly overweight. Physical exam revealed restricted range of motion of the cervical spine. Reflex tests were normal. Motor strength at the right deltoid was rated 4/5. Sensation was diminished at the left hand. Lumbar spine range of motion was restricted. Gait, motor strength, reflexes, and sensory exam of the lower extremities were normal. The treatment to date has included right shoulder arthroscopy in August 2009, 12 sessions of postoperative physical therapy, seven cervical epidural steroid injections from 2010 to 2012, left ulnar and left carpal tunnel release in 2011, aqua therapy, home exercise program, and medications such as Norco, tizanidine, and tramadol. A utilization review from September 23, 2013 denied the requests for omeprazole because patient was not on NSAIDs; Transdermals because there was no trial of first-line therapy; Pool therapy two x 6 for the cervical and lumbar spine because there was limited evidence of intolerance to weight-bearing activities; one year gym pool membership because it is not considered a medical treatment; and weight loss program for 10 weeks because there was no indication on weight issues causing pain and deficits. The request for tizanidine 4

mg was modified into tizanidine 4 mg, #20 because it is recommended for short-term use. The request for tramadol 150 mg was modified into tramadol 150 mg for one month supply to initiate downward titration and complete discontinuation of opioids. The request for follow-up was modified into a 1 office visit to monitor patient's status.

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

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

**OMEPRAZOLE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2. Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since November 2012 due to gastrointestinal complaints secondary to intake of NSAIDs. Patient likewise underwent upper GI endoscopy and was diagnosed with stomach ulcers. However, review of medical records revealed that current treatment regimen does not include NSAIDs. Patient likewise does not complain of any gastrointestinal symptoms at present. There is no compelling rationale for continuing use of PPIs. Moreover, the request failed to specify the dosage, and quantity to be dispensed. Therefore, the request for omeprazole is not medically necessary.

**TIZANIDINE 4MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (For Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63.

**Decision rationale:** According to page 63 of the CA MTUS 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. In this case, the patient has been on tizanidine since November 2012. Recent progress reports noted that muscle spasms at the cervical and lumbar spine are persistent. However, there were no documented benefits derived from its use. Furthermore, long-term use is not recommended. The request likewise failed to indicate the quantity to be dispensed. Therefore, the request for tizanidine 4 mg is not medically necessary.

## **TRAMADOL ER 150MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR USE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opioid since November 2012. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Moreover, the request failed to specify the quantity to be dispensed. Therefore, the request for tramadol ER 150 mg is not medically necessary.

## **TRANSDERMALS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56-57.

**Decision rationale:** As stated on pages 56-57 of CA MTUS Chronic Pain Medical Treatment Guidelines, transdermal patch may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA-approved for post-herpetic neuralgia. In this case, patient has persistent neck pain radiating to bilateral upper extremities, and low back pain radiating to bilateral lower extremities. Gabapentin was non-certified based on utilization review date of 6/5/13. It is unclear if patient has tried, and subsequently failed first-line therapy. The rationale for this request is to decrease intake of oral medications. However, the request likewise failed to specify the transdermal product, and quantity to be dispensed. Therefore, the request for Transdermal is not medically necessary.

## **POOL THERAPY 2X6 (CERVICAL/LUMBAR SPINE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22-23.

**Decision rationale:** As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, aquatic therapy was requested to decrease weight-bearing activities, which aggravate patient's symptoms. However, patient underwent aquatic therapy in January 2013; it is unclear how many sessions were completed and functional outcomes derived from it. Patient was noted to be overweight, however, there was no documentation concerning body mass index. There is no indication for aquatic therapy at this time. Therefore, the request for Pool Therapy 2X6 (Cervical/Lumbar Spine) is not medically necessary.

**1 YEAR GYM POOL MEMBERSHIP:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Memberships.

**Decision rationale:** The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Gym Membership was used instead. It states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, a gym membership program was requested to transition patient in a home-based self-directed exercise. However, there is no discussion concerning a need for specialized equipment warranting this present request. There is likewise no documentation regarding body mass index that may warrant water-based therapy. Therefore, the request for one-year gym pool membership is not medically necessary.

**WEIGHT LOSS PROGRAM X 10 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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: Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs.

**Decision rationale:** The CA MTUS does not address weight loss programs specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs was used instead. It states that the criteria for the usage of weight reduction programs includes individuals with a BMI greater than or equal to 30, or those

individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. In this case, patient was noted to be overweight; however, body mass index was not documented. No co morbidities were likewise evident. Furthermore, there has been no discussion concerning lifestyle modifications involving diet and exercise. The medical necessity for this program has not been established in the submitted medical records. Therefore, the request for Weight Loss Program X 10 Weeks is not medically necessary.

**FOLLOW UP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient is being evaluated for chronic cervical and lumbar pain radiating to bilateral upper and lower extremities. Medications were prescribed and response to therapy needs to be monitored. The medical necessity has been established, however, the request failed to specify the number of visits. Therefore, the request for follow-up is not medically necessary.