

<b>Case Number:</b>	CM13-0032361		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/02/2004
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 progress report dated 09/06/2013 by [REDACTED] indicates the patient's diagnoses include: 1) Back ache, unspecified spinal, 2) Lumbar spondylosis, 3) Lumbar facet syndrome. The patient reports that the pain increased since the last visit. The patient reports low back pain and bilateral lower extremity pain. The patient reports that the medications are working well. No side effects are reported. The patient had reported that the TENS unit therapy was not working. Exam findings included restricted range of motion due to pain. There is tenderness to palpation of the bilateral paravertebral muscles. FABERE test is positive. Pelvic compression test is positive. There is a positive twitch response to trigger point palpation at lumbar paraspinal muscles on the left quadratus lumborum muscle. A request was made for an H-wave unit trial. The continuation of medications was recommended including Norco, OxyContin, Ambien, and Senokot. The utilization review letter dated 09/16/2013 issued non-certification of these recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave unit trial (1-month):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

**Decision rationale:** The patient continues with significant low back pain and bilateral lower extremity pain. The records indicate that the patient was discharged from physical therapy on 07/17/2013 after receiving 8 sessions of physical therapy. The treating physician indicated that a home TENS unit therapy was not working. A request was then made for a trial of H-wave therapy. MTUS page 117 to 118 regarding H-wave stimulation states that it is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain 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 stimulation. The records appear to indicate the patient has recently undergone physical therapy treatment and has not had a favorable response to TENS unit therapy. The patient continues with a home exercise program and has a satisfactory response to medication. However, medication does not eliminate the pain and the patient would like a conservative option to help decrease the amount of reliance on medication use. MTUS further states that a 1-month H-wave trial may be appropriate to permit the physician and provider license to provide physical therapy to study the effects and benefits. The request for a trial of H-wave therapy appears to be reasonable in this case. Authorization is recommended.

**Norco:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88,89.

**Decision rationale:** The patient continues with significant low back pain and radiating symptoms into the lower extremities. The treating physician continually reports that the patient is able to carry out basic activities of daily living, denies negative side effects, and does not have significant evidence of abuse. The treating physician's reports indicate the patient's most recent urine drug screen was several years ago on 03/13/2011. MTUS Guidelines page 88 and 89 regarding long-term use of opioids states that pain should be assessed at each visit and functioning should be measured at 6-month interval using a numerical scale or a validated instrument. On page 81, MTUS states under the recommendations for outcome measures states that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief last. MTUS also recommends the evaluation of suspicion of aberrant drug-taking behaviors. The records appear to indicate that the patient has not had a urine drug screen in several years. MTUS is silent on the frequency of urine drug screen for patients who are considered a low risk for drug abuse. However, ODG does recommend at least 1 urine drug screen per year for low-risk patients taking opioid medication. The records appeared to indicate that the patient does have some amount of benefit from this medication. However, it is unclear how much pain reduction the patient gets from taking the

medication, how long it lasts, and there is no current documentation to suggest that the treating physician has adequately evaluated if the patient is consistent with taking the medication as prescribed other than the patient stating that she takes it as prescribed. Therefore, recommendation is for slow weaning of the medication per MTUS guidelines.

**OxyContin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88,89.

**Decision rationale:** The patient continues with significant low back pain and radiating symptoms into the lower extremities. The treating physician continually reports that the patient is able to carry out basic activities of daily living, denies negative side effects, and does not have significant evidence of abuse. The treating physician's reports indicate the patient's most recent urine drug screen was on 03/13/2011. MTUS Guidelines page 88 and 89 regarding long-term use of opioids states that pain should be assessed at each visit and functioning should be measured at 6-month interval using a numerical scale or a validated instrument. On page 81, MTUS states under the recommendations for outcome measures states that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief last. MTUS also recommends the evaluation of suspicion of aberrant drug-taking behaviors. The records appear to indicate that the patient has not had a urine drug screen in a couple of years. MTUS is silent on the frequency of urine drug screen for patients who are considered a low risk for drug abuse. However, ODG does recommend at least 1 urine drug screen per year for low-risk patients taking opioid medication. The records appeared to indicate that the patient does have some amount of benefit from this medication. However, it is unclear how much pain reduction the patient gets from taking the medication, how long it lasts, and there is no current documentation to suggest that the treating physician has adequately evaluated if the patient is consistent with taking the medication as prescribed other than the patient stating that she takes it as prescribed. Therefore, recommendation is for slow weaning of the medication per MTUS.

**Ambien:** Upheld

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

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

**Decision rationale:** The patient continues with significant low back pain with radiating symptoms into the bilateral lower extremities. The patient reports the sleep is negatively

affected by the pain. The records appear to indicate the patient has been on long-term use of Ambien. MTUS guidelines are silent in regard to the use of Ambien for insomnia. Therefore, ODG Guidelines were reviewed, which supports the use of Ambien for short-term treatment of insomnia. The ongoing treatment of insomnia for this patient with the use of Ambien does not appear to be supported long term. Therefore, recommendation is for denial.

**Senokot:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77,127.

**Decision rationale:** The patient continues with significant low back pain and radicular symptoms into the bilateral lower extremities. The patient is continued on opioid pain medication. MTUS Guidelines page 77, under therapeutic trial of opioids, state that prophylactic treatment of constipation should be initiated. The continued use of Senokot for prophylactic treatment of constipation secondary to opioid therapy appears to be supported by the guidelines noted above. Therefore, authorization is recommended. The opioid medication has been recommended for denial. However, the patient has been on opiates and will require slow weaning process for which stool softener is indicated. When the patient is successfully weaned off of this medication and is no longer in need of a stool softener, then it is reasonable for this patient to be taken off of the Senokot.