

<b>Case Number:</b>	CM13-0033169		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	10/22/2002
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 and is licensed to practice in Ohio and Texas. 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:

The patient is a 46-year-old female who reported an injury on 10/22/2002 due to an injury sustained to the low back that ultimately resulted in an L4, L5, and S1 lumbar fusion. The patient's postsurgical treatment included medication management, physical therapy, and the medial branch block at the L2-3 level. The patient's most recent clinical examination findings included low back pain radiating into the bilateral lower extremities, facet pain at the L3-4 level, and swelling of the left lower extremity. The patient's diagnoses included lumbago, thoracic/lumbosacral neuritis/radiculitis, muscle spasms, and post laminectomy syndrome. The patient's treatment plan included continuation of medication usage, a home exercise program, continuation of physical therapy, and a radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Bilateral Radiofrequency Ablation at Lumbar spine level L2-3 between 9/9/2013 and 11/9/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**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, Facet joint radiofrequency neurotomy

**Decision rationale:** The requested bilateral radiofrequency ablation of the lumbar spine level L2-3 between 09/09/2013 and 11/09/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient had a medial branch block at the requested level. However, Official Disability Guidelines recommend radiofrequency ablation be based on a positive response to a medial branch block. A positive response is defined as greater than 70% pain relief. The clinical documentation submitted for review does not provide any evidence that the patient received a significant amount of pain relief supported by a quantitative measure of that pain relief. Additionally, there is no documentation that the patient had any functional benefit as a result of the medial branch block. Therefore, a radiofrequency ablation at the requested level would not be indicated. As such, the requested bilateral radiofrequency ablation at the lumbar spine L2-3 between 09/09/2013 and 11/09/2013 is not medically necessary or appropriate.

**One (1) year Gym membership between 9/9/2013 and 10/9/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 33

**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 requested 1-year gym membership between 09/09/2013 and 10/09/2014 is not medically necessary or appropriate. Official Disability Guidelines do not recommend gym memberships as a medical prescription. The clinical documentation submitted for review does not provide evidence that the patient is actively participating in a home exercise program, although it has been encouraged by the prescribing provider. Official Disability Guidelines state, "With unsupervised programs, there is no information flow back to the provider so he or she can make changes to the prescription, and there may be risk of further injury to the patient." As there is no indication that the patient has failed to progress through a home exercise program, and this type of treatment cannot be effectively monitored by medical professionals, a gym membership would not be indicated. As such, the requested gym membership between 09/09/2013 and 10/09/2014 is not medically necessary or appropriate.

**One (1) prescription of Ambien CR 6.25mg/Zanaflex 4mg, between 9/9/2013 and 11/9/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and Surgical Management of Obesity in Primary Care: A clinical practice guideline from the American College of Physicians. Ann Intern Med 2005 Abdominoperineal resection 5;142(7):525-31

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment

**Decision rationale:** The prescriptions for Ambien CR/Zanaflex 4 mg between 09/09/2013 and 11/09/2013 are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on these medications for an extended duration of time. However, California Medical Treatment Utilization Schedule recommends that muscle relaxants such as Zanaflex be used for short courses of therapy. As the clinical documentation indicates that the patient has been on this medication for an extended duration, continued use would not be supported. Additionally, there is no documentation of functional benefit as a result of this medication. Official Disability Guidelines do not recommend the extended use of Ambien in the treatment of insomnia related to chronic pain. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. Although the documentation does indicate that the patient's sleep hygiene is improving, there is not a specific assessment to identify actual benefit to support continued use of this medication. As such, the requested Ambien 6.25 mg/Zanaflex 4 mg between 09/09/2013 and 11/09/2013 are not medically necessary or appropriate.

**30 Phentermine 30mg, between 9/9/2013 and 11/9/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/fastin-drug/indications-dosage.htm>

**Decision rationale:** The requested 30 phentermine 30 mg between 09/09/2013 and 11/09/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended period of time and continues to gain weight. An on-line resource, RxList, the internet drug index, indicates that this is an appetite suppressant used to manage obesity. However, the effectiveness of this medication cannot be established as the patient has persistent weight gain. Additionally, Official Disability Guidelines recommend weight loss programs be self-managed by the patient to include nutritional management and participation in an exercise program. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to first-line nonpharmacological weight management treatments to include self-managing nutritional intake and participating in an individualized exercise program. Therefore, the use of this medication would not be indicated. As such, the requested phentermine 30 mg between 09/09/2013 and 11/09/2013 is not medically necessary or appropriate.

**60 Nucynta IR 50mg, between 9/9/2013 and 11/9/2013: 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 On-Going Management Page(s): 78.

**Decision rationale:** The requested 60 Nucynta IR 50 mg between 09/09/2013 and 11/09/2013 are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids and the management of a patient's chronic pain be monitored by a quantitative assessment of pain relief, specific examples of functional benefit, management of side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient has been monitored for aberrant behavior. There is no documentation of a pain contract, pill counting, or urine drug screening. Additionally, the clinical documentation fails to include significant functional benefit or a quantitative pain assessment to support continuation of this medication. As such, the requested Nucynta IR 50 mg between 09/09/2013 and 11/09/2013 is not medically necessary or appropriate.

**60 Nucynta ER 100mg, between 9/9/2013 and 11/9/2013: 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 On-Going Management Page(s): 78.

**Decision rationale:** The requested 60 Nucynta ER 100 mg between 09/09/2013 and 11/09/2013 are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids and the management of a patient's chronic pain be monitored by a quantitative assessment of pain relief, specific examples of functional benefit, management of side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient has been monitored for aberrant behavior. There is no documentation of a pain contract, pill counting, or urine drug screening. Additionally, the clinical documentation fails to include significant functional benefit or a quantitative pain assessment to support continuation of this medication. As such, the requested Nucynta ER 100 mg between 09/09/2013 and 11/09/2013 is not medically necessary or appropriate.

**30 Requip 0.5mg, between 9/9/2013 and 11/9/2013 (conditionally non certified pending receipt of information): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/requip-drug/indications-dosage.htm>

**Decision rationale:** The requested Requip 0.5 mg between 09/09/2013 and 11/09/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence of consistent assessment to provide evidence of necessity for this type of medication. An on-line resource RxList.com, the internet drug index, indicates that this medication is used in the management of symptoms related to Parkinson's disease and restless leg syndrome. However, as the submitted documentation does not adequately identify persistent symptoms related to either of these diagnoses, continued use of this medication would not be indicated. As such, the requested 30 Requip 0.5 mg between 09/09/2013 and 11/09/2013 is not medically necessary or appropriate.