

<b>Case Number:</b>	CM13-0036658		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 32 year old male with date of injury on 3/28/2011. Patient has ongoing symptoms in his low back and left hand. Subjective complaints are of low back pain rated 7/10, with pain Final Determination Letter for IMR Case Number [REDACTED] radiating to the legs with sitting, with numbness and pins and needles. Patient also complains of nausea and stomach upset from medication. Physical exam shows lumbar paraspinal muscle tenderness, and decreased range of motion. There is a positive straight leg raise and tenderness over sacroiliac spine. There is decreased sensation over medial and lateral foot and calf bilaterally. Patient also has left hand Tinel's sign. Patient has used H-wave therapy which reduced symptoms, and helped with sleep. MRI from 7/12 revealed disc desiccation t L4-S1. Patient has a diagnosis of lumbar radiculopathy, lumbar facet syndrome, low back pain, and hand pain. Medications have included Cymbalta, Klonopin, Norco, Aciphex and Flexeril. Submitted documentation shows evidence of appropriate urine drug screens, stability of medication regimen, no aberrant behavior and increased functional improvement and activities of daily living with current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 TRIGGER POINT INJECTIONS FOR LEFT PARAVERTEBRALS: 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 Trigger Point Injection Section, Page(s): 122.

**Decision rationale:** The California MTUS Guidelines recommend trigger point injections for myofascial pain when trigger points are identified, symptoms have persisted for more than 3 months, conservative treatments have failed, and radiculopathy is not present by exam, imaging or neuro testing. Repeat injections are not recommended unless greater than 50% pain relief is obtained for six weeks and there is documented functional improvement. For this patient, there is evidence of subjective/objective radicular pain, and evidence of disc compression on MRI, as well as no identified specific trigger points. Based on these reasons, the patient is not a candidate for trigger point injections. The medical necessity of this modality has not been established.

### **1 PRESCRIPTION OF DEXILANT DR 30MG #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI RISK Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** According to California MTUS Guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. Patient has Final Determination Letter for IMR Case Number CM13-0036658 4 history of ongoing GI complaints, which was thought to be due to Celebrex use that was subsequently discontinued. The Official Disability Guidelines (ODG) recognizes the similar chemical structure and efficacy of various PPIs. Due to these similarities, and significant cost savings, a trial of Prevacid or Prilosec is recommended before a second line therapy such as Dexilant. Since there is no documented trial of first line PPIs the medical necessity of Dexilant is not established.

### **1 PRESCRIPTION OF OXYCODONE 5MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. The Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Guidelines also indicate that there is no evidence to recommend one opioid over another. For this patient, documentation notes

failure of Norco due to headaches, nausea and anxiety. Due to this previous failure, resuming an opioid medication would not be appropriate. Therefore, the medical necessity of Oxycodone is not established.

**1 H-WAVE UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Section, Page(s): 117.

**Decision rationale:** Not recommended as an isolated intervention, but one-month home-based trial H-Wave stimulation. It 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. H-wave should be used only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). For this patient, there is no evidence of prior trial of TENS. Guidelines clearly indicate a consideration for H-Wave only if the above criteria have been met. Therefore proceeding with H-Wave therapy is not supported by guidelines, and is not medically necessary.