

<b>Case Number:</b>	CM13-0046865		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/25/2003
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 41-year-old female who has submitted a claim for bilateral thoracic outlet syndrome, brachial plexopathy, sacrococcygeal neuropathy, right cubital tunnel syndrome, left knee strain, cervical dystonia, left shoulder rotator cuff tendinitis, right shoulder labral tear, left De Quervain's tendinitis, right thumb strain, right wrist tendinitis, right elbow medial and lateral epicondylitis, duodenal ulcer, migraine, and low back pain associated with an industrial injury date of August 25, 2003. Medical records from 2012 to 2014 were reviewed. Patient complained of bilateral hand pain aggravated with activities. She reported progress in therapy. Pain was described as intermittent, paresthesia, sharp with muscle spasm. There was numbness and tingling sensation on ulnar side of bilateral upper extremities. Physical examination revealed grip strength of 10 kg at the right, and 8 kg at the left using Jamar dynamometer. Gait was guarded. Shoulder range of motion was restricted on all planes bilaterally. Halstead maneuver was positive on both sides. Wright's hyperabduction test bilaterally was positive at 70 degrees of forward flexion, pulse loss and paresthesia. Weakness and intrinsic hand atrophy were noted bilaterally. Treatment to date has included multiple Botox injections, right shoulder arthroscopy in 2006, right thumb repair in 2007, left thumb capsulodesis in 2010, right shoulder surgery in 2011, occupational therapy, 32 aquatic therapy sessions, 78 visits of physical therapy, 82 visits of acupuncture, radiofrequency ablation for sacrococcygeal neuropathy in 2013, and medications. 4/2/13 progress report indicates that the patient did not respond to analgesics, anti-inflammatory agents and muscle relaxants. The patient was noted to have developed a migraine secondary to opioid hyperalgesia. 2/1/14 supplemental report indicates that the compound long and short acting Oxycodone medication regimen allows the patient to take the lowest effective dose, is effective in treating her pain, and is much better tolerated than any other formulation. The patient is noted to be unable to tolerate standard formulation of OxyContin. The patient has

severe nausea and vomiting with starting dose of OxyContin. The compound long-acting Oxycodone has allowed the patient to dramatically reduce use of short acting Oxycodone. The patient avoids short-acting Oxycodone as it causes more pronounced nausea and also causes headaches. With increasing opiate dose, she sometimes requires both Zofran and Phenergan. Were increased opiate doses, the patient also experiences itching and Phenergan helps relieve this as well. The patient does not tolerate consistent administration of oral NSAIDs. The requesting provider indicates that the current pain regimen is the most effective and best tolerated. The patient should continue Nexium for medication induced duodenal ulcers and upper GI pain as it is very helpful for her. The patient has failed several PPIs in the past; and Nexium is the most effective. The requesting provider also identifies that the prescribed oral formulation is personally handwritten by the prescribing physician. The patient is also noted to be unable to tolerate opiates without anti-emetic medication. It is noted the patient has an endoscopically confirmed NSAID induced duodenal ulcer. The patient has also had GERD, and has failed multiple attempts to discontinue Nexium. The patient requires magnesium for constipation, in addition to Colace to help with opiate-induced constipation. Frova and Treximet have been used for years in this patient to help abort acute migraines. These two medications are most effective for this patient in the triptane class. These medications dramatically reduce or relieve her debilitating migraines. Without them, she would not be able to get out of bed. Frova is used for less severe migraines; Treximet is the only medication that helps abort her severe migraines. Alprazolam is prescribed to help promote sleep. With Botox in place, the patient usually requires only 1 dose in the evening. There is no evidence for dependence in this patient. The patient has failed Lunesta, Rozarem, Ambien, and Amboen CR. She also does deep breathing exercises, meditation, biofeedback and other relaxation exercises. Utilization review from 10/28/2013 denied the requests for acupuncture 2 x 8; physical therapy 2 x 8; and lying down transportation 4 x a week; a request for Oxycodone was modified to #30 to last 1 month and short acting Oxycodone #90 to last 1 month. Requests for Zofran, Phenergan, Frova, Treximet, Alprazolam, Nexium, Colace, Magensium, Flector Patch and Lidoderm were non-certified. While specific reasons for denial were not made available, the previous reviewer noted that his is a complex case that has come through UR many times and was deemed to no longer fit within the purview of treatment guidelines that are designed to be applied to situations in which variables would be at a minimum.

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

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

**ACUPUNCTURE TWO (2) TIMES A WEEK FOR EIGHT (8) WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented.

In this case, patient previously underwent an unknown number of acupuncture treatment sessions. It resulted to functional improvements, as well as reduced intake of medications. The medical necessity for continuing acupuncture care has been established. However, the present request failed to specify body part to be treated. The request is incomplete; therefore, the request for Acupuncture two (2) times a week for eight (8) weeks is not medically necessary.

**PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR EIGHT (8) WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In addition, ODG states that 9 therapy visits over 8 weeks are recommended for tendinitis. In this case, the documented rationale for additional therapy is to perform strengthening exercise to improve functional activities. Patient completed 78 sessions of physical therapy and 32 visits in aquatic therapy. Range of motion had improved with noted decreased tenderness. Functional goals for this patient include: being able to care for herself independently, and being able to return to work. However, it is unclear why patient cannot transition into a self-directed home exercise program given the extensive amount of therapy visits attended. Moreover, the present request failed to specify body part to be treated. Therefore, the request for physical therapy two (2) times a week for eight (8) weeks is not medically necessary.

**LYING DOWN TRANSPORTATION FOUR (4) TIMES A WEEK:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG, TRANSPORTATION (TO AND FROM APPOINTMENTS).

**Decision rationale:** CA MTUS does not specifically address transportation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. Patient is a diagnosed case of thoracic outlet syndrome leading to episodes of loss of pulse, increased pain, and paresthesia at upper extremities. This resulted to inability to drive, hence, a need for lying down transportation. The present request is for 4 days a week to transport patient during therapy and acupuncture sessions. However, the requests for acupuncture and physical therapy have been deemed not medically necessary. Moreover, the request failed to specify a limited

duration of time necessitating such service. Therefore, the request for lying down transportation four (4) times a week is not medically necessary.

**COMPOUNDED LONG ACTING OXYCODONE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. the compound long and short acting Oxycodone medication regimen allows the patient to take the lowest effective dose, is effective in treating her pain, and is much better tolerated than any other formulation. The patient is noted to be unable to tolerate standard formulation of OxyContin. The patient has severe nausea and vomiting with starting dose of OxyContin. The compound long-acting Oxycodone has allowed the patient to dramatically reduce use of short acting Oxycodone. The patient avoids short-acting Oxycodone as it causes more pronounced nausea and also causes headaches. With increasing opiate dose, she sometimes requires both Zofran and Phenergan. Were increased opiate doses, the patient also experiences itching and Phenergan helps relieve this as well. The patient does not tolerate consistent administration of oral NSAIDs. The requesting provider indicates that the current pain regimen is the most effective and best tolerated. However, while the complexity of this particular case history is acknowledged, a specific prescription indicating dosage and frequency was not submitted with the request. The patient was noted to have developed a migraine secondary to opioid hyperalgesia. It is unclear how a compound formulation would be better tolerated than any other formulation. Therefore, the request for compound long-acting Oxycodone, as submitted, was not medically necessary.

**Zofran:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Ondansetron.

**Decision rationale:** CA MTUS does not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. The patient is noted to be unable to tolerate standard formulation of OxyContin. The patient has severe nausea and vomiting with starting dose of OxyContin. With increasing opiate dose, she sometimes requires both Zofran and Phenergan. However, medication-induced nausea is not an established indication. In addition, a specific prescription

with dosage and frequency was not submitted. Therefore, the request for Zofran, as submitted, was not medically necessary.

**Phenergan:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Phenergan.

**Decision rationale:** CA MTUS does not apply. The FDA states that Phenergan is indicated for active and prophylactic treatment of motion sickness; antiemetic therapy in postoperative patients; anaphylactic reactions; as adjunctive therapy to epinephrine and other standard measures, after the acute manifestations have been controlled; preoperative, postoperative, or obstetric sedation; or prevention and control of nausea and vomiting associated with certain types of anesthesia and surgery. The patient is noted to be unable to tolerate standard formulation of OxyContin. The patient has severe nausea and vomiting with starting dose of OxyContin. With increasing opiate dose, she sometimes requires both Zofran and Phenergan. However, medication-induced nausea is not an established indication. In addition, a specific prescription with dosage and frequency was not submitted. Therefore, the request for Phenergan, as submitted, was not medically necessary.

**Short-acting Oxycodone:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. the compound long and short acting Oxycodone medication regimen allows the patient to take the lowest effective dose, is effective in treating her pain, and is much better tolerated than any other formulation. The patient is noted to be unable to tolerate standard formulation of OxyContin. The patient has severe nausea and vomiting with starting dose of OxyContin. The compound long-acting Oxycodone has allowed the patient to dramatically reduce use of short acting Oxycodone. The patient avoids short-acting Oxycodone as it causes more pronounced nausea and also causes headaches. With increasing opiate dose, she sometimes requires both Zofran and Phenergan. Were increased opiate doses, the patient also experiences itching and Phenergan helps relieve this as well. The patient does not tolerate consistent administration of oral NSAIDs. The requesting provider indicates that the current pain regimen is the most effective and best tolerated. However, while the complexity of this particular case history is

acknowledged, a specific prescription indicating dosage and frequency was not submitted with the request. The patient was noted to have developed a migraine secondary to opioid hyperalgesia. Therefore, the request for short-acting Oxycodone, as submitted, was not medically necessary.

**Frova:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Triptanes).

**Decision rationale:** CA MTUS does not address this issue. The FDA states that triptanes are indicated for the acute treatment of migraine attacks with or without aura in adults. Frova and Treximet have been used for years in this patient to help abort acute migraines. These two medications are most effective for this patient in the triptane class. These medications dramatically reduce or relieve her debilitating migraines. Without them, she would not be able to get out of bed. Frova is used for less severe migraines; Treximet is the only medication that helps abort her severe migraines. However, a specific dosage and frequency was not submitted with this request. Therefore, the request for Frova, as submitted, was not medically necessary.

**Treximet:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012267/>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Triptanes).

**Decision rationale:** CA MTUS does not address this issue. The FDA states that triptanes are indicated for the acute treatment of migraine attacks with or without aura in adults. Frova and Treximet have been used for years in this patient to help abort acute migraines. These two medications are most effective for this patient in the triptane class. These medications dramatically reduce or relieve her debilitating migraines. Without them, she would not be able to get out of bed. Frova is used for less severe migraines; Treximet is the only medication that helps abort her severe migraines. However, a specific dosage and frequency was not submitted with this request. Therefore, the request for Treximent, as submitted, was not medically necessary.

**Alprazolam:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are 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. However, the patient has been using Alprazolam beyond the recommended maximum duration. There is no differential assessment of response as the patient is on multiple medications. In addition, a specific prescription indicating dosage and frequency was not submitted with this request. Therefore, the request for Alprazolam, as submitted, was not medically necessary.

**Nexium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Nexium is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. The patient does not tolerate consistent administration of oral NSAIDs. The requesting provider indicates that the current pain regimen is the most effective and best tolerated. The patient should continue Nexium for medication induced duodenal ulcers and upper GI pain as it is very helpful for her. It is noted the patient has an endoscopically confirmed NSAID induced duodenal ulcer. The patient has also had GERD, and has failed multiple attempts to discontinue Nexium. While it seems the patient would meet criteria for Nexium therapy, a specific prescription including dosage and frequency was not submitted with this request. Therefore, the request for Nexium, as submitted, was not medically necessary.

**Colace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Sodium Docusate); Peer-reviewed literature (Management of Opioid-Induced Gastrointestinal Effects: Treatment).

**Decision rationale:** The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon or rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated.

The patient requires magnesium for constipation, in addition to Colace to help with opiate-induced constipation. However, a specific dosage and frequency was not submitted with this request. There is no ongoing assessment of previous efficacy. Therefore, the request for Colace, as submitted, was not medically necessary.

**Magnesium:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PM02780140/>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Magnesium.

**Decision rationale:** CA MTUS and ODG do not address this issue. The FDA states that magnesium citrate relieves occasional constipation (irregularity) and generally produces bowel movement in 1/2 to 6 hours. The patient requires magnesium for constipation, in addition to Colace to help with opiate-induced constipation. However, a specific prescription including dosage and frequency was not submitted with this request. There is no assessment of ongoing efficacy with previous magnesium use. Therefore, the request for magnesium, as submitted, was not medically necessary.

**Flector Patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 111-112.

**Decision rationale:** MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. The patient presents with multiple risk factors with previous oral NSAID use. However, a specific dosage and frequency was not indicated. There is no differential assessment of objective improvement with previous Flector use. Therefore, the request for Flector Patch was not medically necessary.

**Lidoderm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

**Decision rationale:** CA MTUS states that topical Lidocaine 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, while it is acknowledged that this patient presents with a lengthy and complex case history, there is no assessment of efficacy of previous Lidoderm therapy. Therefore, the request for Lidoderm is not medically necessary.