

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0063768 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 10/09/2006 |
| <b>Decision Date:</b> | 04/21/2014   | <b>UR Denial Date:</b>       | 11/20/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/10/2013 |

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 43-year-old female who reported an injury on 10/09/2006. The mechanism of injury is not specifically stated. The patient is diagnosed with failed back surgery syndrome, COAT, GERD, depressive disorder, mood disorder, occipital neuralgia, insomnia, myalgia and myositis, headache, chronic pain, psychosexual dysfunction, depression/anxiety, cervical spondylosis without myelopathy, neck pain, thoracic pain, and other pain disorder related to psychological fact. The patient was seen by [REDACTED] on 11/11/2013. The patient reported severe neck pain with radiation to the upper extremities. Physical examination at that time revealed a nonantalgic gait, tenderness to palpation, radicular pain, decreased range of motion, decreased sensation, and painful facet loading maneuvers on the left at C2 through C4. Treatment recommendations at that time included a referral for a gastric emptying study, a referral for acupuncture treatment, massage therapy, a urinalysis, multiple laboratory studies, and continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MASSAGE THERAPY QTY: 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**Decision rationale:** California MTUS Guidelines state massage therapy is recommended as an option for specific indications. This treatment should be in adjunct to other recommended treatment including exercise and should be limited to 4 to 6 visits in most cases. The current request for 8 sessions of massage therapy exceeds guideline recommendations. Furthermore, it is noted the patient has previously participated in a course of massage therapy; however, there is no documentation of objective functional improvement. Based on the clinical information received, the request is non-certified.

**PRILOSEC 20MG QTY: 60.00:** 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 Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. As per the documentation submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no indication of this patient's active utilization of NSAID medication. Based on the clinical information received, the patient does not meet criteria for the requested medication. As such, the request is non-certified.

**LAB, URINALYSIS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the patient's injury was greater than 7 years ago to date, and there is no indication of noncompliance or misuse of medication. There is also no indication that this patient falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.

**LAB, URINE DRUG SCREEN QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the patient's injury was greater than 7 years ago to date, and there is no indication of noncompliance or misuse of medication. There is also no indication that this patient falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.

**LAB, CBC WITH DIFF QTY: 1.00: 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 Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Lab Testing

**Decision rationale:** California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. Official Disability Guidelines state a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. As per the documentation submitted, the patient does not demonstrate signs or symptoms suggestive of an abnormality. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.

**LAB, AMITRIPTYLINE QTY: 1.00: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested urinalysis and laboratory studies have not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

**LAB, ACETAMINOPHEN QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested urinalysis and laboratory studies have not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

**LAB, EIA 9 QTY: 1.00: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested urinalysis and laboratory studies have not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified

**LAB, HYDROCODONE QTY: 1.00: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested urinalysis and laboratory studies have not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

**LAB, BACLOFEN QTY: 1.00: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested urinalysis and laboratory studies have not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

**LAB, FLEXERIL SERUM QTY: 1.00: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested urinalysis and laboratory studies have not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

**LAB, LORAZEPAM QTY: 1:00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested urinalysis and laboratory studies have not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

**LAB, CHEM 19 QTY: 1.00:** 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 Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Lab Testing

**Decision rationale:** California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. Official Disability Guidelines state electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. The patient exhibits no signs or symptoms to suggest an abnormality. The medical necessity has not been established. As such, the request is non-certified.

**FLEXERIL 10MG QTY: 30.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report severe pain. Satisfactory response to treatment has not been

indicated. Additionally, the medical necessity for 2 separate muscle relaxants has not been established. Therefore, the request is non-certified.

**BACLOFEN 10MG QTY: 60.00:** 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 Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report severe pain. Satisfactory response to treatment has not been indicated. Additionally, the medical necessity for 2 separate muscle relaxants has not been established. Therefore, the request is non-certified.