

<b>Case Number:</b>	CM14-0103752		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/07/1996
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. 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 58-year old-female who sustained an industrial injury on 9/7/1996. A prior peer review dated 7/3/2014 non-certified the requests for 1 year of pool therapy, Zolpidem, Omeprazole, Toradol with Marcaine injection, and Kenalog with Marcaine injection. The requested Hydrocodone 10/325mg #60 with 1 refill was modified to certify #30 for weaning purposes. A previous peer review had modified the request for Norco 10/325mg #120 with 3 refills to allow instead #45 for the purpose of weaning. According to the available documentation, a 3/21/2014 urine drug screen (UDS) did not detect Hydrocodone or Zolpidem, which was inconsistent with the patient's medication regimen. The handwritten 3/10/2014 PR-2 (progress note) documents complaints of "significant low back pain and can't sleep." Medications reportedly help; specifically, Cyclobenzaprine, Norco, and Naprosyn. Objectively, spasm, 2/2 reflexes, severe motion loss, and sciatica are reported. Diagnoses are listed as cervical and lumbar spinal pain and prior lumbar spine fusion. The treatment plan is for reevaluation in 3 months and 8 pool visits. Injections were administered. The medical records document that the patient had a Toradol and Kenalog intramuscular injection on 3/10/2014 without measurable improvement demonstrated. According to the 5/16/2014 PR-2, the patient presented for follow-up. She was seen by a doctor who recommended pool therapy and provided the patient with trigger point injection, with temporary relief. The patient states her lumbar spine is her greatest complaint. Physical examination of the lumbar spine reveals diffuse tenderness from L1-S1 region, including bilateral paraspinal muscles, paraspinal spasms with hyperesthesia L4-L5 region, positive seated right SLR, 4/5 quadriceps strength on the right, 5/5 on the left. Diagnoses are status post laminectomy/fusion of the low back with bilateral radiculitis in the S1 dermatome and discogenic disease of cervical spine with left C7 root radiculitis to the left hand.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Year of pool therapy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Aquatic Therapy Page(s): 98-99 and page 22.

**Decision rationale:** According to the guidelines, aquatic therapy is an optional form of exercise therapy recommended as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable; for example, in the case of extreme obesity, which has not been established in the description of this patient. The medical records do not document any significant and consistent functional deficits in motor strength or gait. There is no evidence to suggest that the patient medically requires reduced weight-bearing. Considering the remote date of injury and prior physical therapy interventions, she should be able to tolerate and be well-versed in land-based activities within a self-directed home exercise program at this point. In addition, the request for 1 year of therapy is excessive. Based on the referenced guidelines and criteria as well as the clinical documentation as stated above, the request for 1 year pool therapy is not medically necessary.

### **Hydrocodone 10/325mg #60 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Criteria for the use of Opioids Page(s): 76-94.

**Decision rationale:** As documented above, prior peer reviews recommended modification of Hydrocodone/Norco for weaning purposes. A 3/21/2014 UDS was negative for Norco. According to the CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. Norco is a short-acting opioid used in treatment of chronic pain, recommended for short-term pain relief; the long-term efficacy is unclear (greater than 16 weeks) but appears limited. Long-term use of opioids for non-malignant pain is not generally recommended. The medical records indicate the patient has been maintained on opioids for at least a year. The medical records do not reflect that there has been any significant improvement in pain level or functional capacity. One criterion for ongoing chronic opioid use is the documentation of pain and functional improvement and comparison to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In the absence of documented significant improvement of pain and function resulting from use of the requested medication, the request is not medically necessary according to the guidelines. The medical records fail to establish that the ongoing use of Hydrocodone is appropriate and

clinically indicated. Weaning from Norco was previously recommended. At this juncture, medical necessity has not been established.

**Zolpidem 10mg #60 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien®) & Insomnia Treatment.

**Decision rationale:** CA MTUS guidelines do not discuss Zolpidem. According to the Official Disability Guidelines, Ambien (Zolpidem) is indicated for the short-term treatment of insomnia with difficulty of sleep onset and/or maintenance. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. The records indicate the patient's 3/21/2014 UDS did not detect Zolpidem, a result which was not consistent with the patient's medication regimen. The medical records indicate the patient has been utilizing Zolpidem for a protracted period of time. Details regarding the patients' sleep complaints are not documented, and there are no objective findings/observations of insomnia, nor is there a diagnosis of insomnia. Furthermore, chronic use of sleep aids is not recommended. This request for Zolpidem is not medically necessary according to the guidelines.

**Omeprazole 20mg #60 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The CA MTUS guidelines state proton pump inhibitors (PPIs) such as Omeprazole may be indicated for patients at risk for gastrointestinal events. Risk factors are: 1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA (Aspirin), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs), e.g. NSAID + low-dose ASA. However, none of these criteria apply to this patient. There is no current documentation of G.I. distress. The medical records do not establish that any of these potentially significant risk factors apply to this patient. The medical records do not include any supportive correlating subjective/objective findings documented in a current medical report that would establish Omeprazole is medically indicated.

**Injection of Toradol, 2cc of 60mg, with Marcaine, 1cc of 0.5%: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

**Decision rationale:** The patient was administered Toradol injections on 3/10/2014 without measurable improvement demonstrated. According to the guidelines, this medication is not indicated for minor or chronic painful conditions. The injection is recommended as an optional alternative to corticosteroid injections for the shoulder, and Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. The patient's condition is clearly chronic, in which case Toradol is not appropriate. The patient does not present with any indication of a severe, acute pain condition, and intolerance to oral analgesics is not the case with this patient. It is stated that the Toradol injection was given to address an acute exacerbation of the patient's pain. However, there is no objective/clinical evidence to support this statement. Review of the medical records reflects no notable change in the patient's presenting complaints. She had not sustained any new trauma or injury. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives, which is not the case for this patient.

**Injection of Kenalog, 1cc, with Marcaine, 2cc of 0.5%: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** The patient was administered Kenalog injections on 3/10/2014 without measurable improvement demonstrated. The 5/6/2014 PR-2 indicates the injection was provided for trigger point, with temporary relief. According to the CA MTUS guidelines, trigger point injection is recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when several criteria have been met, which include: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing). The 3/10/2014 PR-2 does not provide documentation of a circumscribed trigger point with evidence of palpation of a twitch response as well as referred pain, with symptoms persisting for at least 3 months. In addition, sciatica was documented on examination. Furthermore, the medical records do not demonstrate that other medical management therapies including ongoing stretching exercises, physical therapy and judicious use of medications, had failed to control pain. Based on all of these factors, the patient is not a candidate for trigger point injections. Consequently, the requested Kenalog injection is not medically necessary.