

<b>Case Number:</b>	CM14-0010406		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 & Rehabilitation; has a subspecialty in Sports Medicine 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 injured worker is a 50-year-old male who reported an injury on February 11, 2013 secondary to unknown mechanism of injury. The injured worker was evaluated on November 12, 2013 for reports of pain across neck, shoulders, and low back radiating to both legs. The injured worker rated the neck pain at 8/10 and low back pain at 9/10 to 10/10. The exam noted a spasm of the cervical spine with range of motion being decreased and painful. The exam also noted tenderness to palpation over the cervicotracheal ridge. There was a positive impingement sign bilaterally with painful range of motion of the shoulders. The lumbar spine exam revealed spasm, painful and limited range of motion, a positive Lasgue's sign bilaterally, positive bilateral straight leg raise. There was also decreased sensation bilaterally at L5-S1 with pain noted on the right at L4-S1. The diagnoses include concerns for early cauda equina syndrome, lumbar degenerative disc disease, lumbar spondylosis, cervical degenerative disc disease, and bilateral shoulder impingement. The treatment plan included an MRI of the lumbar spine, physical therapy of the lumbar spine, cervical spine, and bilateral shoulders, medication therapy, lumbar corset, TENS unit, and facet block of the lumbar spine. The request for authorization of the TENS unit dated 09/23/2013 was found in the documentation provided. A request for authorization for the other requests and rationale were not found in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANAPROX DS, #60,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The request for Anaprox DS, #60, is not medically necessary. The California MTUS Guidelines state the use of NSAIDs is recommended as an option for short-term symptomatic relief of pain. However, there is no significant clinical evidence in the documentation provided of the efficacy of the prescribed medication. Therefore, based on the documentation provided, the request is not medically necessary.

**PRILOSEC 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**Decision rationale:** The request for Prilosec 20mg is not medically necessary. The California MTUS Guidelines recommend the use of proton pump inhibitor when the patient is at intermediate risk for gastrointestinal events and on NSAIDs. The injured worker's request for NSAIDs is not medically necessary. Furthermore, there is no evidence in the documentation provided of risk for gastrointestinal. Therefore, the request is non-certified.

**NSAIDs (non-steroidal anti-inflammatory drugs):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (FOR CHRONIC PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Norco 5/325 mg, #90, is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of documentation significant evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk for aberrant drug use behavior, and side effects. Therefore, based on the documentation provided, the request is not medically necessary.

**FLEXERIL #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

**Decision rationale:** The request for Flexeril, #90, is not medically necessary. The California MTUS Guidelines recommend the use of muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation provided indicates the injured worker has been prescribed muscle relaxants since at least September 10, 2013. This period exceeds the time frame to be considered short-term. Furthermore, there is a significant lack of evidence of the efficacy of the medication. Therefore, the request is not medically necessary.

**TWELEVE (12) SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE, CERVICAL SPINE AND BILATERAL SHOULDERS:** Upheld

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

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

**Decision rationale:** The request for twelve (12) sessions of physical therapy for the lumbar spine, cervical spine and bilateral shoulders is not medically necessary. The California MTUS Guidelines state therapy can be beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker's has received a total of at least 6 sessions of physical therapy to date per the case notes. There is a significant lack of evidence of efficacy of those prior therapy treatments. The guidelines recommend 9 to 10 sessions total. The request for twelve (12) sessions in addition to the previously received six (6) sessions exceeds those recommended guidelines. Therefore, based on the documentation provided, the request is not medically necessary.

**FACET BLOCKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Injections Diagnostic and Therapeutic.

**Decision rationale:** The request for facet blocks is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques such as local injections and facet joint injections of cortisone and lidocaine are of questionable merit. The Official Disability Guidelines do not recommend therapeutic facet joint injections and diagnostic facet joint injections may be recommended prior to facet neurotomy with the anticipation that if successful, treatment may proceed to facet neurotomy in the diagnosed levels. The criteria for diagnostic facet joint blocks

indicate only 1 set of diagnostic medial branch blocks is required with response of greater than or equal to 70% of pain relief for at least 2 hours of lidocaine. The guidelines further state the criteria are limited to patients with low back pain that is nonradicular and at no more than two levels bilaterally. There is a significant lack of clinical evidence of facet joint pain. Furthermore, the exam did indicate the presence of radicular type symptoms such as decreased sensation bilaterally at L5-S1, pain radiating to the lower extremities, and positive straight leg raise. Furthermore, the request does not indicate what level or number of levels is being requested. Therefore, based on the documentation provided, the request is not medically necessary.

**THE PURCHASE OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS/EMS) UNIT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**Decision rationale:** The request for the purchase of transcutaneous electrical nerve stimulation (TENS/EMS) unit is not medically necessary. The California MTUS Guidelines do not recommend TENS therapy as a primary treatment modality but as a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The criteria for the use of a TENS includes documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried including medication and failed, a one-month trial period of TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial, other ongoing pain treatments should also be documented during the trial period including medication usage, a treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted and a 2-lead unit is generally recommended. It is unclear in the documentation provided if the injured worker had a one-month trial of TENS unit and there is a significant lack of subjective and objective documentation of the results and efficacy of trial. However, if this is a first time request, there has not been a one-month trial to evaluate the efficacy of the unit. Therefore, based on the documentation provided, the request is not medically necessary.