

<b>Case Number:</b>	CM14-0015505		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	11/26/2008
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 74-year-old female who has submitted a claim for lumbosacral neuritis/radiculitis, spondylolisthesis, chronic pain syndrome, abnormality of gait, associated with an industrial injury date of November 26, 2008. The medical records from 2013 through 2014 were reviewed. The latest progress report, dated 02/17/2014, showed pain in the lower back, neck and left shoulder. The pain radiated down the arms and legs, particularly in the buttocks. The patient described the pain as sharp, stabbing, cramping, tingling, burning, dull, aching, gnawing, nagging, throbbing, and severe. The pain scale was 9-10/10. The pain was constant, lasting throughout the day. It was exacerbated by walking and sitting. It was relieved by medications. Associated symptoms included bladder dysfunction and spasms. Physical examination findings revealed tenderness in the upper trapezius. Trigger points were noted in the upper trapezius, mid-trapezius and right masseter bilaterally. Range of motion was limited due to pain. Muscle weakness was noted 3-4/5 on flexor and extensor muscles of bilateral lower extremities. Decreased sensation to light touch was noted in the lateral left leg and medial thigh of bilateral legs. Treatment to date has included physical therapy, unspecified sessions of aquatic therapy and medications such as Lortab as early as 2000 and Tizanidine prescribed December 2013. In a utilization review from 01/17/2014 denied the request for 12 sessions of aquatic therapy because according to submitted documentation, the patient has been suffering from chronic low back pain, sleep deprivation, and decreased ability to engage in activities of daily living; However, there was no evidence available to indicate that the patient cannot participate in normal, land-based physical therapy/exercise sessions. The request for Tizanidine was modified from Tizanidine HCL 4mg #30 with 1 refill to Tizanidine HCL 4mg #30 because the most recent documented findings included trigger points and muscle spasms throughout the low back, gluteus muscles, and hips. The evidence-based guidelines indicated Tizanidine as a first-line

treatment for these types of pain patterns and symptoms. However, these medications were only recommended for short-term treatment goals. The request for Lortab was modified from Lortab 7.5/500mg #90 to Lortab 7.5/500mg #68 because it was utilized on a long-term basis without gains in function or change in pain patterns as a result of the medication. However, long-term use was associated with addiction, debilitation, and premature death from multi-system organ failure. Guidelines recommended tapering the opioid medication every week by 10% of the original dose until 20% remains. Then, guidelines stated to taper the remaining 20% at 5% of the original dose per week until off or at goal.

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

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

#### **12 SESSIONS OF AQUATIC THERAPY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

**Decision rationale:** According to pages 22-23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, a medical report, dated 12/19/2013, cited that aquatic therapy has had very good effects for the patient in the past, significantly reducing her pain and improving strength so she was able to ambulate better. It was more effective for her than land-based therapy due to the warm water and relieving stress of gravity on the back. The rationale for requesting aquatic therapy is to help improve flexibility, strength and functional endurance while minimizing stress on the back. Furthermore, the patient was considered an obese with a body mass index of 35.60 kg/m<sup>2</sup>. Although aquatic therapy is usually indicated for extreme obese or with fractures of lower extremity and the request did not specify the body part for treatment, the need for reduced weight bearing, past effectiveness and reference to the back establish medical necessity. Therefore, the request for Aqua Therapy x 12 sessions is medically necessary.

#### **TIZANIDINE HYDROCHLORIDE 4 MG #30 X2:**

**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 (for pain); Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) Page(s): 63, 66.

**Decision rationale:** According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants (for pain) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain.

Acetaminophen and NSAIDs remain the first-line drugs for chronic pain. On page 66, Tizanidine is said to be FDA approved for the management of spasticity with an unlabeled use for low-back pain. Muscle relaxant efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, patient was prescribed Tizanidine on December 2013. The most recent objective findings did not demonstrate presence of muscle spasm. Moreover, long-term use of this medication is not supported by the guidelines. Therefore, the request for Tizanidine Hydrochloride 4mg #30 x 2 is not medically necessary.

**LORTAB 7.5/500 MG #90:** Upheld

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

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

**Decision rationale:** According to Page 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The lowest possible dose should be prescribed to improve pain and function. In this case, the patient has been on Lortab as early as 2000. However, the recent progress report showed no documented evidence of pain relief with a pain scale persistently ranging from 9-10/10. Furthermore, Lortab was already discontinued on February 10, 2014. The medical necessity was not established. Therefore, the request for Lortab 7.5/500 mg #90 is not medically necessary.