

<b>Case Number:</b>	CM14-0111043		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/26/1998
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 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 injured worker is a female of unknown age, who reported an injury due to a fall on an uneven surface on 01/26/1998. On 01/28/2014, her diagnoses included history of 3 level lumbar fusion in 09/2001 and status post detoxification/rehabilitation program in 09/2002. She underwent detoxification from Klonopin, Valium, OxyContin, Vicodin, and Soma. Her complaints included low back and right lower extremity pain. Her medications included Butrans 10 mcg patch, Wellbutrin XL 150 mg, Relafen 750 mg, Ultram 50 mg, Elavil 25 mg, trazodone 100 mg, Lidoderm 5% patch, baclofen 20 mg, and Senokot S with no dosage noted. With her medication, her pain was 4/10 to 5/10. Without it, she rated it at 7/10. The progress note stated that she was interested in a spinal cord stimulator because of her right lower extremity pain. On 02/19/2014, there was a change from baclofen to Zanaflex 4 mg for spasms and myofascial pain. On 04/03/2014, her Zanaflex frequency was increased. The dosage remained the same. The provider noted that they no longer had samples of Senokot, so she was given samples of Colace 100 mg. On 05/01/2014, it was noted that she did see a psychotherapist, who cleared her for the spinal cord stimulator placement. On 06/11/2014, it was noted that her medications were not helping her as much as they had previously. She had severe flareups from time to time and rated her pain at 9/10, even with medications. She was not interested in increasing her medications; she wanted to proceed with the spinal cord stimulator trial, and stated that acupuncture had helped her in the past. The rationale for the acupuncture was for the flareups that she was experiencing. Documentation of the dates and number of previous acupuncture treatments was not included in the submitted documentation. The treatment plan requested a spinal cord stimulator, EKG, and blood work. The rationale for the spinal cord stimulator was that hopefully it would manage her symptoms and help her to get off some of her medications. There was no

rationale for the EKG or blood work. There was no Request for Authorization included in this injured worker's chart.

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

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

#### **Relafen 750mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-73..

**Decision rationale:** The request for Relafen 750mg #60 is not medically necessary. The California MTUS Guidelines recommends that NSAIDs be used at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. NSAIDs are recommended as a second line treatment after acetaminophen for acute exacerbations of low back pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Relafen is recommended for the treatment of osteoarthritis. There is no evidence in the submitted documentation that this injured worker has a diagnosis of osteoarthritis. Additionally, there was no frequency of administration included with the request. Therefore, this request for Relafen 750mg #60 is not medically necessary.

#### **Ultram 50mg #200: Upheld**

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

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

**Decision rationale:** The request for Ultram 50mg #200 is not medically necessary. The California MTUS Guidelines recommends ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, drug screens, or collateral contacts. Additionally, it was noted that this injured worker had gone through rehabilitation program for previous use of opioids. Furthermore, there was no frequency specified in the request. Therefore, this request for Ultram 50mg #200 is not medically necessary.

#### **Zanaflex 4mg #120: Upheld**

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

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

**Decision rationale:** The request for Zanaflex 4mg #120 is not medically necessary. The California MTUS Guidelines recommends that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with low back pain. In most low back pain cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Efficacy appeared to diminish over time. Zanaflex is FDA approved for management of spasticity and unlabeled use for low back pain. Decisions are based on evidence based criteria. Muscle relaxants are supported only for short term use. Chronic use would not be supported by the guidelines. The documentation does not identify spasticity, and there is no documentation of significant functional benefit with the use of muscle relaxants. Additionally, the request did not specify frequency of administration. Therefore, this request for Zanaflex 4mg #120 is not medically necessary.

**Colace 100mg #200:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids Page(s): 77-78.

**Decision rationale:** The request for Colace 100mg #200 is not medically necessary. The California MTUS Guidelines recommends that ongoing review of opioids should include documentation of pain relief, functional status, appropriate medication use, and side effects. The physician should discuss the risks and benefits of the use of controlled substances and any other treatment modalities with the patient. Prophylactic treatment of constipation should be initiated. Long term users of opioids (for 6 months or more) should document adverse effects including constipation. The clinical information submitted failed to meet the evidence based guidelines for the use of stool softeners. Additionally, there was no frequency of administration included in the request. Therefore, this request for Colace 100mg #200 is not medically necessary.

**Acupuncture therapy x8:** Upheld

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

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

**Decision rationale:** The request for Acupuncture therapy x8 is not medically necessary. The California MTUS Guidelines recommends that acupuncture is 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. Functional improvement should be noted in 3 to 6 treatments. The requested 8 treatments exceeds the recommendations in the guidelines. There was no indication that this injured worker was not tolerating her pain medications or that they were being reduced. Additionally, the body part or parts to have been treated were not identified in the request. Furthermore, there were no time frames included in the request. Therefore, this request for Acupuncture therapy x8 is not medically necessary.

**Trial of spinal cord stimulator, EKG and Blood work:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS), Page(s): 105-107. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: labtestsonline.org.

**Decision rationale:** The request for Trial of spinal cord stimulator, EKG and Blood work is not medically necessary. Per the California MTUS Guidelines, spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions including failed back syndrome (in patients who have undergone at least 1 previous back surgery) and neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The timeframe of the trial was not included in the request, nor was the level of the spine to which the stimulator was to have been applied. Per labtestsonline.org, clinical laboratory tests are used in medical care, for screening, diagnosis, and/or management of various medical conditions. There was no evidence in the submitted documentation that this injured worker had a medical condition warranting blood work. Additionally, the type of blood tests to be requested were not identified in the request. The clinical information submitted failed to meet the evidence based guidelines for spinal stimulator, EKG, and/or blood work. Therefore, this request for Trial of spinal cord stimulator, EKG and Blood work is not medically necessary.