

<b>Case Number:</b>	CM14-0115769		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/27/2000
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 and is licensed to practice in Illinois. 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 49-year-old male who reported an injury on 12/27/2000 when he fell off about a 3-foot bench, landing on his low back. He injured his mid and low back. The injured worker's treatment history included x-rays, physical therapy, epidural steroid injections, and medications. The injured worker was evaluated on 06/20/2014 and it was documented the injured worker complained of right shoulder, back, and leg pain. The injured worker complained of persistent aching, burning, and stabbing pain in his upper and lower back. He had aching pain in his right shoulder and leg. He had pins and needles sensation in his upper legs. He rated his pain at 8/10 to 9/10. Prolonged standing and walking increased his symptoms. The injured worker was taking tramadol and tizanidine. He was not attending physical therapy. He was not working. Physical examination of the lumbar spine revealed spinal inspection reflex no kyphosis. There was tenderness in the paraspinal musculature of the lumbar region. Muscle spasm was positive in the lumbar region. Range of motion of the lumbar spine with active cooperation effort was flexion 30 degrees, right/left rotation 40 degrees, right/left tilt was 20 degrees, and extension was 15 degrees. Spasm of the lumbar range of motion was present. Sensory testing with a pinwheel was normal except for decreased sensation at the L5 dermatome, bilaterally, left more than right. Motor examination by manual muscle test was normal. The provider noted the injured worker received an intramuscular injection of Toradol with no adverse reaction to the medication. Diagnoses included status post lumbar fusion, depression, abdominal pain, and right shoulder impingement syndrome. The Request for Authorization dated 06/20/2014 was for Flexeril, TENS unit, Motrin, gabapentin, and Ultram. The rationale for the medications was for the injured worker's pain and muscle spasms. The rationale for the TENS unit was because the injured worker already has a TENS unit, but supplies are not being authorized, he needs the TENS unit so he can be transitioned to a home exercise program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) & Muscle Relaxants Page(s): 41,63.

**Decision rationale:** The request for Flexeril 10 mg #90 is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommends as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g. Amitriptyline. See Antidepressants. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in LBP and is associated with drowsiness and dizziness. The guidelines also recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. There is lack of evidence provided that the injured worker received conservative care such as physical therapy and pain medication management. There is no documentation provided on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. In addition, the guidelines does recommend Flexeril to be used no longer than 2-3 weeks. Additionally, the request failed to include frequency and duration. It was noted the injured worker has been on Flexeril more than 1 year. Given the above, the request for Flexeril is not medically necessary.

**One (1) TENS unit supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-116.

**Decision rationale:** The requested is not medically necessary. Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a one-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 and other ongoing pain treatment including medication usage. It also states that the TENS unit is recommended for neuropathic pain including diabetic neuropathy and post-herpetic neuralgia. The guidelines recommends as a treatment option for acute post-operative pain in the first thirty days post-surgery. In addition, the

provider failed to indicate long-term functional goals for the injured worker with the use of the TENS unit. The request for failed to indicate location where the TENS unit will be applied on the injured worker. Given the above, the request for home TENS Unit Supplies is not medically necessary.

**Motrin 800 mg #90:** 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.

**Decision rationale:** The request for Motrin 800 mg, #90 one refill is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. There was lack of documentation stating the efficiency of the Motrin 800 mg for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Motrin 800 mg is taken by the injured worker. Additionally, the request for Motrin 800 mg did not include the frequency. Given the above, the request for the Motrin 800 mg, #90 is not medically necessary.

**Gabapentin 600 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The documentation submitted had lack of evidence of the efficacy of the requested drug after the injured worker takes the medication. In addition, the request did not include frequency of the medication. Given the above, the request for Gabapentin 600 mg #90 is not medically necessary.

**Ultram 50 mg #51:** 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): 78.

**Decision rationale:** The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, there was lack of outcome measurements of conservative care such as, physical therapy or home exercise regimen noted for the injured worker. Given the above, Ultram 50 mg #52 is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, the request is not medically necessary.