

<b>Case Number:</b>	CM14-0120054		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 claimant was injured on 02/21/14 when he was struck by the back of a forklift which caused him to fall and hit the right side of his body. Hydrocodone/APAP, Cyclobenzaprine, Methoderm, NIOSH, a referral to neuro spine, and a referral to general orthopedic are under review. Chiropractic treatment, a urine drug test, and omeprazole were all certified. X-rays of the low back, right shoulder, and hips, MRIs of the right shoulder, and physical therapy were all ordered on 03/07/14 along with several medications. He was given topical creams. A lumbar brace and cane were ordered along with a functional capacity evaluation. He had similar findings on 05/05/14. MRI of the shoulder dated 04/17/14 revealed supraspinatus articular surface partial tendon tear, infraspinatus and subscapularis tendinosis and biceps tendinosis. He also had acromioclavicular and glenohumeral joint osteoarthritis. MRI of the lumbar spine on 05/01/14 revealed grade 1 biconcave compression deformity of L3-L5. There was disc desiccation and degenerative changes at L2 and L3. There were broad based disc protrusions at multiple levels with stenosis of the spinal canal and bilateral lateral recesses and facet hypertrophy. There was contact at the bilateral L3, L4, and L5 exiting nerve roots. MRI of the right hip showed mild hip osteoarthritis. MRI of the left hip revealed mild tensor fascia lata fasciitis and hip osteoarthritis. He was also referred for extracorporeal shockwave therapy. The claimant was seen on 06/26/14 for lumbar pain, right shoulder pain, and bilateral hip pain radiating to the legs with difficulty standing, sitting, and walking greater than 10-15 minutes. He had tenderness in his low back with positive sciatic notch bilaterally and decreased range of motion with pain. MRIs revealed spinal canal, bilateral recess, and bilateral neural foraminal stenosis at L2-3 through L5-S1. He was diagnosed with a lumbosacral disc protrusion with central canal/neural foraminal stenosis, right shoulder rotator cuff tear/ tendinitis, bilateral hip osteoarthritis and tensor fascia lata fasciitis. He has had medications. He saw [REDACTED] on

07/25/14. He had tenderness about the shoulders and active range of motion with pain at 45° of forward flexion and abduction. He also had stress, anxiety, depression, and insomnia. A referral to psych was also recommended. On 06/26/14, he had constant stabbing radiating pain to his legs from his low back and the right was worse on the left. His medications were not helping. He had findings of tenderness and decreased range of motion. Six chiropractic visits were recommended. He was referred to a Neurosurgeon.

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

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

#### **Hydrocodone/APAP 2.5/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Medications for Chronic Pain Page(s): 110, 94.

**Decision rationale:** The history and documentation do not objectively support the request for the opioid, Hydrocodone/APAP 2.5/325 mg #90. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Hydrocodone is unclear. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the use of Hydrocodone 2.5/325 mg #90 has not been clearly demonstrated.

#### **Cyclobenzaprine 10mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers, cyclobenzaprine, Medications for Chronic Pain Page(s): 74, 94.

**Decision rationale:** The history and documentation do not objectively support the request for Cyclobenzaprine 10 mg #90. The MTUS states for Cyclobenzaprine (Flexeril), "Recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005) Up-to-date for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of Flexeril, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. There is no evidence that he has been involved in an ongoing exercise program in an effort to maintain and enhance any benefit he gets from treatment measures. As such, this request for Cyclobenzaprine 10 mg #90 is not medically necessary.

**Menthoderm (Methyl Salicylate 15%, Menthol 10%) Gel 360gm:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/menthoderm-cream.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Menthoderm (Methylsalicylate 15%, Menthol 10%) gel 360 gm. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily it is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received refills of other oral medications with no evidence of intolerance or lack of effect. There is no indication that he has tried local modalities for pain relief such as ice or heat or is involved in an ongoing

exercise program to encourage rehab. The medical necessity of this request for Methoderm gel 360gm has not been clearly demonstrated.

**NIOSH:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, guidelines for performing a functional capacity evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Fitness for Duty - Functional Capacity Evaluation.

**Decision rationale:** The history and documentation do not objectively support the request for a NIOSH functional capacity evaluation. The MTUS do not address functional capacity evaluations (FCEs) and ODG state "functional capacity evaluations may be recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." In this case, the specific indication for this type of evaluation is not described and none can be ascertained from the records. There is no evidence that the claimant has completed or attempted and failed all other lower level evaluation and treatment. The medical necessity of this request has not been clearly demonstrated.

**Referral to Neurospine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The history and documentation do not objectively support the request for a Neurospine specialist. The MTUS state "referral for surgical consultation is indicated for patients who have: -Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise -Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms -Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair -Failure of conservative treatment to resolve disabling radicular symptoms If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. Patients with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms." In this case, it is not clear that the claimant has completed or attempted and failed a reasonable course of treatment and there is

no evidence of a surgical lesion that is likely to respond to surgery. There is no indication that the claimant has attended a program of rehab/exercise or has been involved in an ongoing exercise program and has failed to respond to treatment. The medical necessity of this request has not been clearly demonstrated.

**Referral to general orthopedic:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 127; Official Disability Guidelines ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** The history and documentation do not objectively support the request for a general orthopedic referral. The MTUS state "Referral for surgical consultation may be indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.). Activity limitation for more than four months, plus existence of a surgical lesion. Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion. Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. Surgical considerations depend on the working or imaging. confirmed diagnoses of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. In this case, it is not clear that the claimant has completed or attempted and failed a reasonable course of treatment and there is no evidence of a surgical lesion that is likely to respond to surgery. The type of surgery that is being considered is unclear but may involve the shoulder. There is no indication that the claimant has attended a program of rehab/exercise or has been involved in an ongoing exercise program and has failed to respond to treatment. The medical necessity of this request has not been clearly demonstrated.