

<b>Case Number:</b>	CM14-0170415		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	03/10/2006
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### **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, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 is a 61 year-old male with a history of a work injury occurring on 03/10/06. He underwent two abdominal hernia repair surgeries in 2006. He continues to be treated for chronic back pain. He was seen on 01/27/14. Back pain is referenced as controlled with medications. The claimant was continuing to work. Physical examination findings included lumbar spine tenderness with muscle spasms and decreased right lower extremity sensation. There was right lateralized abdominal tenderness. Vicodin, Topiramate, were refilled. He was to continue a home exercise program and using TENS. There was consideration of additional testing. On 06/19/14 he was having ongoing symptoms radiating into the lower extremity. He was continuing to work full-time. He reported increasing pain over the previous 2-3 months. The note references having failed treatment with gabapentin in the past. Topamax had provided some pain relief. Physical examination findings included lumbar facet tenderness. Authorization for facet blocks was requested. Medications were refilled and lab testing was ordered. On 09/11/14 pain was rated at 7/10. He was having increasing right lower extremity radiating symptoms and difficulty sleeping. His TENS unit was no longer working. The note references a history of acid reflux when not taking omeprazole. Acupuncture treatments in the past had been helpful. Physical examination findings included an antalgic gait. There was lower lumbar facet tenderness. His Topamax dose was increased. Authorization for acupuncture treatments was requested. Norco was refilled. Non-steroidal anti-inflammatory medication was discontinued.

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

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

**Acupuncture for the lumbar spine, quantity six:** Upheld

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

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

**Decision rationale:** The claimant is more than 8 years status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. He continues to work full time. Notes references having failed treatment with gabapentin in the past and that Topamax had provided some pain relief. Medications include Norco. Prior treatments have included acupuncture with benefit. Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, medications are referenced as providing pain relief and his Topamax dose has been increased. There is no planned change in his rehabilitation program. Therefore, the requested acupuncture treatments were not medically necessary.

**Norco 7.5/325mg # 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Opioids, dosing Page(s): 76 80 86.

**Decision rationale:** The claimant is more than 8 years status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. He continues to work full time. Notes references having failed treatment with gabapentin in the past and that Topamax had provided some pain relief. Medications include Norco. Norco, (hydrocodone / acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

**Omeprazole 20 mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68 71.

**Decision rationale:** The claimant is more than 8 years status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. He continues to work full time. Notes references having failed treatment with gabapentin in the past and that Topamax had provided some pain relief. Medications include Norco. Prior treatments have included acupuncture with benefit. In this case, the claimant does not have any identified ongoing risk factors for a gastrointestinal event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. Although there is reference to a history of acid reflux, the claimant's non-steroidal anti-inflammatory medication has been discontinued. Therefore, omeprazole was not medically necessary.

**Topiramate 50 mg # 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs AED Page(s): 16 21.

**Decision rationale:** The claimant is more than 8 years status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. He continues to work full time. Notes references having failed treatment with gabapentin in the past and that Topamax had provided some pain relief. Medications include Norco. In this case, the claimant's medications have included Topamax with reported benefit. Antiepilepsy drugs (also referred to as anti-convulsants) are recommended for neuropathic pain. Although Topamax (topiramate) has been shown to have variable efficacy, it is still considered for use for neuropathic pain. The dose being prescribed is within recommended guidelines and therefore was medically necessary.

**Topiramate 100 mg # 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs AEDs Page(s): 16 21.

**Decision rationale:** The claimant is more than 8 years status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. He continues to work full time. Notes references having failed treatment with gabapentin in the past and that Topamax had provided some pain relief. Medications include Norco. In this case, the claimant's medications have included Topamax with reported benefit. Antiepilepsy drugs (also referred to as anti-convulsants) are recommended for neuropathic pain. Although Topamax (topiramate) has been shown to have variable efficacy, it is still considered for use for neuropathic pain. The dose being prescribed is within recommended guidelines and therefore was medically necessary.

**TENS unit patch, two pair:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain transcutaneous electrical nerve stimulation Page(s): 114.

**Decision rationale:** The claimant is more than 8 years status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. He continues to work full time. Notes references having failed treatment with gabapentin in the past and that Topamax had provided some pain relief. Medications include Norco. TENS had provided benefit but the claimant's unit is no longer working. Although not recommended as a primary treatment modality, TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. In this case, the claimant has already used TENS with benefit. Therefore, the requested TENS unit patch is medically necessary.