

<b>Case Number:</b>	CM14-0023077		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	07/19/2001
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, trigeminal neuralgia, low back pain, ankle pain, sleep apnea, depression, and gait derangement reportedly associated with an industrial injury of July 19, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; barbiturate-containing analgesics; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report dated February 6, 2014, the claims administrator denied a request for Fioricet, Vicodin, Zanaflex, zolpidem, a TENS unit, and 16 sessions of physical therapy. A neurosurgery follow-up, orthopedic pillow, orthopedic knee surgery consultation, and a cane were also denied. The applicant's attorney subsequently appealed. A February 20, 2014 progress note was notable for comments that the applicant was off of work, on total temporary disability. The applicant had issues with paraplegia following a cervical epidural steroid injection. The applicant was having issues with loss of balance. The applicant was depressed and having issues with insomnia. The applicant had to be driven by her daughter. The applicant had a history of falling. The applicant had a pending WCAB hearing. The applicant was given Toradol shot for pain relief. The applicant had loss of weight. The applicant was asked to obtain refill of TENS unit electrodes and batteries. A knee surgery consultation, neurosurgery follow up visit, 16 sessions of physical therapy, pillow, cane, and various medications were refilled. On March 6, 2014, the applicant was again described as having multifocal pain complaints. It was stated that the applicant could consider a total knee replacement. The applicant needed help with walking and was described as having an unsteady gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FIORICET #40:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesics topic. MTUS 9792.20F. Page(s): 23.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics such as Fioricet are not recommended in the treatment of chronic pain, as they have been noted to have a high potential for abuse. In this case, the applicant had seemingly used this agent chronically and has failed to derive any lasting benefit or functional improvement despite prior usage of the same. The applicant is off of work, on total temporary disability. The applicant's pain complaints are seemingly heightened as opposed to reduced, despite ongoing usage of Fioricet and other analgesic medications. Therefore, the request is not medically necessary.

**VICODIN 5/500:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, these criteria have not been met. The applicant is off of work. The applicant's pain complaints are seemingly heightened, as opposed to reduced. There is no evidence of any improvement in terms of even basic activities of daily living. The applicant is still having difficulty performing basic activities of daily living such as ambulating. Therefore, the request is not medically necessary.

**ZANAFLEX:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine section. MTUS 9792.20F. Page(s): 66.

**Decision rationale:** While the Chronic Pain Medical Treatment Guidelines does note that tizanidine or Zanaflex is FDA approved in the treatment of spasticity and can be employed off

label for chronic pain purposes, in this case, however, as with the other medications, the applicant has failed to effect any lasting benefit or functional improvement despite ongoing usage of the same. The applicant is off of work. The applicant's pain complaints are seemingly heightened as opposed to reduced, despite ongoing Zanaflex usage. There is no mention of any improvement in terms of performance of activities of daily living despite ongoing Zanaflex usage. There is no evidence of any reduction in dependence on medical treatment, including reduction in opioid medication consumption, achieved as a result of ongoing Zanaflex usage. Therefore, the request is not medically necessary.

**ZOLPIDEM 10 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem topic.

**Decision rationale:** The California MTUS/ACOEM Guidelines do not address the topic. According to the Official Disability Guidelines, Zolpidem, or Ambien, is indicated in the short-term management of insomnia, typically in the order of the two to six weeks. Zolpidem is not recommended for the chronic, long-term, and/or scheduled use purposes for which it is being purposed here. Therefore, the request is not medically necessary.

**SENSADERM TENS ELECTOR #30 X6, PLUS BATTERIES AND KEY SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic. MTUS 9792.20F. Page(s): 116.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, provision of a TENS unit and/or associated supplies beyond an initial one-month trial should be predicate on evidence of favorable outcomes in terms of both pain relief and function with said TENS unit trial. In this case, however, the applicant has apparently received a TENS unit at an earlier point in time. There has been no clear demonstration of favorable outcomes in terms of either pain relief or function. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including physical therapy, medications, and consultation with multiple providers in multiple specialties. Therefore, the request is not medically necessary.

**PHYSICAL THERAPY (TWICE PER WEEK FOR EIGHT WEEKS):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** The 16-session course of physical therapy purposed here, in and of itself represents treatment well in excess of the 9- to 10-session course recommended by the Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. It is further noted that the applicant has failed to demonstrate any lasting benefit or functional improvement with earlier physical therapy. The applicant remains off of work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioid medications, arguing against functional improvement with prior physical therapy treatment. Therefore, the request is not medically necessary.

**A FOUR-LEG QUAD CANE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Walking Aides.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if a functional mobility deficit is such that it can be sufficiently resolved through the prescription of a cane or walker. In this case, the applicant has severe knee arthritis, has had issues with balance and falling, and has exhibited an unsteady gait on several recent office visits, referenced above. Provision of a cane to ameliorate the applicant's mobility deficits is therefore indicated. Accordingly, the request is medically necessary.