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| <b>Case Number:</b>   | CM14-0032901 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 10/14/2011 |
| <b>Decision Date:</b> | 07/29/2014   | <b>UR Denial Date:</b>       | 03/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/14/2014 |

### 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 Texas. 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 patient is a 38 year old male who sustained an injury on 10/14/2011 when he fell from a roof. He has been treated conservatively with cervical epidural steroid injection. Prior medication history included Ativan, Lexapro, Wellbutrin XL, baclofen, gabapentin, lidocaine, and trazodone. Progress report dated 02/15/2014 states the patient complained of pain in the neck and back with associated symptoms of shooting pain, burning feeling, and numbness and tingling. He reported movement aggravates his pain and he has difficulty concentrating and memorizing. He does have gait difficulty as well. There is no exam for review. The impression and plan is decrease pain intensity, improve psychological state, improve functionality mobility and maintain functional ADL. The patient was recommended for physical therapy, psychotherapist and a home TENS unit for pain relief. Prior utilization review dated 03/06/2014 states the request for Functional restoration program (1) is not authorized as documentation provided does not warrant such treatment and Unknown trigger point injections TENS unit (quantity 1) is not authorized as there is no documented evidence to suggest that this treatment is warranted. Baclofen 10 mg #30 is not certified there has been no evidence of muscle spasms submitted that suggest the use of Baclofen is necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program (1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), page(s) 30-32 Page(s): 30-32. Decision based on Non-MTUS Citation Pain, Chronic pain programs (functional restoration programs).

**Decision rationale:** According to the guidelines, Functional Restoration Programs may be recommended for selected patients with chronic disabling pain, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. The medical records do not establish this patient is a candidate for functional restoration program in that it is not substantiated that he has significant loss of function and exhibits three or more of the circumstances as outlined in the guidelines. In addition, it is not established that previous methods of treating chronic pain have been unsuccessful and that there is absence of other options likely to result in significant improvement. It is noted that the patient had been recommended a course of PT. Additionally, the medical records do not establish the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change and negative predictors of success above have been addressed. Given all of these factors, the patient is not a candidate for FRP.

**Unknown trigger point injections:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Trigger point injections page(s) 122 Page(s): 122.

**Decision rationale:** According to the CA MTUS guidelines, trigger point injection is recommended only for myofascial pain syndrome when particular criteria are met, and these injections have limited lasting value. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when several criteria have been met, which include: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The medical reports does not provide documentation of a circumscribed trigger point with evidence of palpation of a twitch response as well as referred pain, with symptoms persisting for at least 3 months. In addition, review of the records does not demonstrate other medical management therapies including ongoing stretching exercises, physical therapy and judicious use of medications, had failed to control pain. Based on all of these factors, the patient is not a candidate for trigger point injections. Consequently, the request is not medically necessary.

**TENS unit (quantity 1):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) page(s) 114-115 Page(s): 114-115.

**Decision rationale:** According to the CA MTUS, TENS is not recommended 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, for the following conditions: Neuropathic pain, Phantom limb pain and CRPS II, spasticity, and multiple sclerosis. The medical records do not demonstrate the patient has any of these conditions. Purchase of a TENS unit is not appropriate or medically necessary.

**1 prescription of Baclofen 10mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), page(s) 63-64 Page(s): 63-64.

**Decision rationale:** Chronic use of muscle relaxants is not recommended or supported under the guidelines. According to the guidelines, Baclofen is used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes). Associated symptoms include exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity and fatigability. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The patient complains of bothersome neck and low back pain. The medical records do not demonstrate this patient has a condition for which Baclofen is medically indicated to treat. In the absence of spasticity as seen in conditions such as CP, MS and spinal cord injuries, the medical necessity of Baclofen is not established.

**1 prescription of Neurontin 300 mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

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

**Decision rationale:** The CA MTUS state Antiepilepsy drugs (AEDs) medications are recommended for neuropathic pain (pain due to nerve damage). Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical

records do not indicate the patient has a neuropathic pain condition. The physical examinations are essentially unremarkable. In the absence of neuropathy, Neurontin is not medically indicated.

**1 prescription of Lidocaine 5% topical ointment #50 g: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113 Page(s): 111-113.

**Decision rationale:** According to the CA MTUS guidelines, topical Lidocaine is recommended for neuropathic pain, recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica. However, there is no evidence this patient has neuropathic pain condition. Lidocaine is not recommended for non-neuropathic pain. The request is not medically necessary.

**MRI of the thoracic spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging).

**Decision rationale:** According to the ACOEM guidelines, the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. The Official Disability Guidelines state imaging indications for MR imaging of the thoracic spine is evidence of thoracic spine trauma with neurological deficit. The patient has tenderness in the thoracic region. Physical examination is otherwise unremarkable. The objective findings are essentially unchanged and have remained stable. There is no evidence of trauma or progressive neurological deficits or significant change in clinical findings. In accordance with the evidence-based guidelines, the requested MRI of the thoracic spine is not medically necessary.

**unknown physical therapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98-99 Page(s): 98-99.

**Decision rationale:** The CA MTUS guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is no medical evidence or rationale for an unknown number of PT sessions. According to the records, the request for PT was modified to allow the patient 9 sessions. The medical records do not document the patient's response to this previously approved course of therapy. It is unclear whether additional therapy is warranted, as minimal findings were documented on physical examinations, and the patient's response to PT has not been provided. The medical necessity of this request for unknown number of PT sessions is not established.