

<b>Case Number:</b>	CM14-0040617		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/05/1996
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 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 injured worker is a 52-year-old male who reported an injury on 01/05/1996. The mechanism of injury was not provided. The injured worker had a diagnosis of unspecified internal derangement of the knee, post laminectomy syndrome lumbar, lumbago. Past treatments include medication, physical therapy, surgery, and urine drug screening. Surgical history included a laminectomy, L3-4, bilateral interlaminar decompression on 6/11/2013. On 02/10/2014, the injured worker complained of low back, right knee and right shoulder pain. This pain was described as slight to moderate, stabbing, tender, sharp, cramping and burning. Her activities of daily living aggravated the underlying symptoms and reducing the activities of daily living improved the symptoms. The range of motion of the lumbosacral spine was not tested due to the potential for a vasovagal reaction as a result of the utilization of intrathecal clonidine as a coanalgesic. The injured worker received a single bolus of Sufentanil 50 mcg over 5 minutes. He was observed in the office. The injured worker was not exhibiting aberrant drug related behavior or any significant side effect profile to currently prescribe opioid therapy by any route. Current medications included Hydrocodone/APAP 10/325 1 tablet every 4 hours (weaning), Prilosec 10 mg, testosterone injections and Zocor 40 mg. The request is for Colace 100 mg with 6 refills, 18 physical therapy sessions for the back, 18 physical therapy visits for the shoulder, 1 prescription of AndroGel 1.26%, 1 prescription of Bupivacaine 15.0 mg/mL, Omeprazole 20 mg with 6 refills, Prilosec 10 mg with 2 refills. Request for Authorization and rationale were not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Colace 100mg, with 6 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of Constipation, Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** The injured worker had history of low back with numbness and tingling. Colace is a stool softener used to treat constipation. The California Medical Treatment Utilization Schedule (MTUS) guidelines indicate prophylactic treatment of constipation should be initiated during use of opioid medications. The injured worker was noted to be utilizing opioids. Therefore, Colace is supported to prevent and/or constipation. As such, the request is medically necessary and appropriate.

**18 physical therapy sessions for the back: 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): 98-99.

**Decision rationale:** The injured worker has a history of back pain with numbness and tingling. The California Medical Treatment Utilization Schedule (MTUS) guidelines recognize 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. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities. The injured worker had received prior physical therapy for the back with improvement in daily activity function. The guidelines recommend up to 10 visits of physical therapy for patients with lumbago. The injured worker had improvement in functional deficit with physical therapy; however, the request exceeds the guideline recommendations. As such, the request is not medically necessary and appropriate.

**18 physical therapy visits for the shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

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

**Decision rationale:** The injured worker has a history of low back pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines recognize 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. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The injured worker had received physical therapy for the shoulder in the past. An additional 18 sessions would exceed the guidelines recommendations. The guidelines recommend up to 10 visits. As such, the request is not medically necessary and appropriate.

### **1 Prescription of Androgel 1.26%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism (related to opioids). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Testosterone Replacement for Hypogonadism (related to opioids).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Testosterone replacement for hypogonadism (related to opioids).

**Decision rationale:** The injured worker has history of low back pain. AndroGel is a testosterone replacement. Official Disability Guidelines (ODG) androgel is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids. Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. If needed, testosterone replacement should be done by a physician with special knowledge in this field given the potential side effects such as hepatomas. There are multiple delivery mechanisms for testosterone. Hypogonadism secondary to opiates appears to be central, although the exact mechanism has not been determined. The evidence on testosterone levels in long-term opioid users is not randomized or double-blinded, but there are studies that show that there is an increased incidence of hypogonadism in people taking opioids, either intrathecal or oral. The injured worker had no documentation of hypogonadism. There was lack of documentation of low testosterone. There is lack of documentation as to the necessity for testosterone replacement. As such, the request is not medically necessary and appropriate.

### **1 Prescription of Bupivacaine 15.0mg/ml: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** Bupivacaine is an anesthetic agent. The injured worker did not have a procedure performed in which the guidelines support the use of said request. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend trigger point injections only for myofascial pain syndrome, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. The criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); Not more than 3-4 injections per session; No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; frequency should not be at an interval less than two months; trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. There was a lack of clinical documentation indicating a twitch response was evident with palpation to trigger point. There is a lack of information provided documenting the efficacy of the previous trigger point injection as evidenced by decreased pain and significant objective functional improvements. Therefore, the request is not medically necessary and appropriate.

### **1 Prescription of Omeprazole 20mg, with 6 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker has a history of low back pain. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAIDs medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The injured worker was noted to be taking Motrin 600mg twice daily. However, there was no documentation indicating that he had complaints of dyspepsia with use of this medication, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request failed to include the frequency of the medication. There is no

frequency provided within the request. There is a lack of documentation of recent complaints of gastrointestinal events. The injured worker is under the age of 65. As such, the request is not medically necessary and appropriate.

**1 Prescription of Prilosec 10mg with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker has a history of pain. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAIDs medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The injured worker was noted to be taking Motrin 600mg twice daily. However, there was no documentation indicating that he had complaints of dyspepsia with use of this medication, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request failed to include the frequency of the medication. There is lack of documentation of epigastric intestinal episodes. As such, the request is not medically necessary and appropriate.