

<b>Case Number:</b>	CM14-0067982		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 26, 2012. The applicant has been treated with the following: Analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, opioid therapy, and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review report dated April 21, 2014, the claims administrator partially certified a request for Norco, reportedly for weaning purposes, partially certified a request for Tramadol, also for weaning purposes, denied Tizanidine outright, denied a urine toxicology screen apparently performed on March 19, 2014, denied a TENS unit rental, and denied a series of three (3) epidural steroid injections. The applicant's attorney subsequently appealed. In a February 12, 2014 medical-legal evaluation, the applicant was described as having chronic low back pain complaints. The applicant was using Norco, Soma, and Tylenol, it was acknowledged. The applicant had an electrodiagnostically confirmed radiculopathy, it was further stated. It was suggested that the applicant was working full time with modified duty and a 20-pound lifting limitations in place. On an applicant questionnaire dated February 12, 2014, the applicant stated that she was able to perform activities of daily living, stand, walk, push, and pull, all but with pain and difficulty. The applicant stated that her pain medications were generating some analgesia but that she was nervous about using the same as they diminished her productivity and her typing speed while she was working. In a February 19, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was asked to try and lose weight. The applicant was apparently working with 25-pound lifting limitations in place, it was suggested. The applicant was asked to perform home exercises. On March 13, 2014, the applicant complained that her employer was short staffed and her work tasks were heightened. The applicant complained that she had to do a great deal of translating at work in addition to her

usual and customary job tasks. A TENS unit trial, acupuncture, epidural steroid injection, urine toxicology screen, Norco for severe pain, Tramadol for mild-to-moderate pain, and Tizanidine for muscle relaxant affect were endorsed. A 25-pound lifting limitation was endorsed.

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

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

#### **NORCO 10/325MG QUANTITY 40, NO REFILLS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Hydrocodone Acetaminophen section, When to Continue Page(s): 80 and 91.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, on page 91, as noted of a short acting opioid such as Norco are indicated in the treatment of moderate to moderately severe pain. On page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy certain criteria should be met including returning to work. The attending provider did suggest in his progress note that he intended the applicant to use Norco on an as-needed basis for complaints of severe pain if and when they arose. It was further noted that the applicant seemingly meets criteria set forth. Specifically, the applicant has returned to work. The applicant is reportedly trying to perform home exercises and lose weight. The applicant is reporting appropriate improvement in terms of performance of activities of daily living and analgesia with ongoing Norco usage. The applicant is keeping Norco consumption to a minimum on the grounds that it makes her somewhat sedated. On balance, then, the 40-tablet supply of Norco proposed by the attending provider is indicated, appropriate, and conforms to MTUS parameters. Therefore, the request for Norco 10/325mg, quantity 40 with no refills is medically necessary and appropriate.

#### **TRAMADOL 50MG QUANTITY 60 NO REFILLS: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol. When to Continue Opioids Page(s): 94, 80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, as noted on page 94 of Tramadol is indicated for moderate-to-severe pain. The attending provider has suggested that he intends for the applicant to use Tramadol for moderate-degree pain. The applicant does, as previously suggested, meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has achieved and/or maintained successful return to work status. The applicant is deriving appropriate analgesia and approved ability to perform home exercises and other activities of

daily living through ongoing Tramadol usage. Therefore, the request for Tramadol 50mg Quantity 60, No Refills is medically necessary and appropriate.

**TIZANIDINE 2MG #30 NO REFILLS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex Page(s): 66.

**Decision rationale:** As noted on page 66 of the MTUS Chronic Medical Treatment Guidelines, Tizanidine is FDA approved in the management of spasticity and can be employed off label for low back pain. In this case, the attending provider has stated that he intends the applicant to use Tizanidine sparingly, for flare-ups of pain and/or spasm if and when they arise. The applicant has demonstrated functional improvement as defined through ongoing Tizanidine usage as evinced by her successful return to and/or maintenance of full-time work status. Therefore, the request is medically necessary and appropriate.

**URINE TOXICOLOGY SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines,ODG Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** While page 43 of the MTUS Chronic Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG Chronic Pain Chapter Urine Drug Testing topic, attending provider should clearly state when an applicant was last tested when ordering testing, attach an applicant's complete medication list to the request for authorization for testing, and clearly state which drug tests and/or drug panels he is testing for and why. In this case, the attending provider did not state when the applicant was last tested. The attending provider did not state which drug tests and/or drug panels were being sought here. Since several ODG criteria for pursuit of drug testing have not been met, the request for Urine drug testing is not medically necessary and appropriate.

**TENS UNIT RENTAL X 1 MONTH FOR LOW BACK:** Overturned

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

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

**Decision rationale:** As noted on page 116 of the MTUS Chronic Medical Treatment Guidelines, a one-month trial the TENS unit is indicated in applicants with chronic intractable pain of greater than three months' duration who tried and failed other appropriate pain modalities, including pain medications. In this case, the attending provider has noted that ongoing usage of analgesic medications has resulted in incomplete analgesia. A TENS unit trial is indicated, given the chronicity of the applicant's issues. Therefore, the request for TENS unit rental x 1 month for low back is medically necessary and appropriate.

**LUMBAR EPIDURAL STEROID INJECTION-SERIES OF 3 INJECTIONS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Medical Treatment Guidelines, current research does not support a series of three epidural steroid injections. The MTUS, recommends no more than two lifelong injections. There is no applicant-specific rationale or medical evidence attached to the request for authorization so as to offset the MTUS position. Therefore, the request for lumbar epidural steroid injection-series of 3 injections is not medically necessary and appropriate.