

<b>Case Number:</b>	CM14-0074246		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 & Rehabilitation 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:

Section 1: The injured worker is a 60-year-old female who reported an injury on 07/24/2012. The mechanism of injury was a fall. Section 2: She is diagnosed with failed thoracolumbar spine surgery syndrome and situational depression and anxiety. Section 3: Per past treatments have included spinal surgery, physical therapy, epidural steroid injection, a lumbar brace, and medications. Section 5: She underwent a revision decompression and fusion surgery on 12/18/2013. Section 6: On 04/30/2014, the injured worker presented for followup with complaints of low back pain and radiating symptoms into her left leg and bilateral feet. She also described occasional muscle spasm. She described an increase in her pain since her previous visit despite her use of hydrocodone and Dilaudid. Due to her increased pain which was noted to be related to an increase in her activity, her Dilaudid dose was increased to 3 per day and Neurontin and Xanax were added to her medication regimen. Section 8: Her medications were noted to include Cymbalta 60 mg a day, Norco 10/325 mg 3 times a day, Dilaudid 4 mg 3 times a day, Flexeril 10 mg a day, and Xanax 1 mg per day. Section 9: The treatment plan included medication refills, as well as the changes noted above and recommendations for cognitive behavioral therapy and biofeedback with a clinical pain psychologist and acupuncture. Section 10: A request was received for acupuncture x 16 sessions; CBT w pain psychologist x 8 and Biofeedback x 8; Xanax 1 MG #30; Dilaudid 4 MG 4 MG #90; Flexeril MG #90; Neurontin 60mg #90. The acupuncture treatment was recommended to keep the injured worker stable on her current medication regimen without any further increases, as well as to avoid additional surgery. Cognitive behavioral therapy with a pain psychologist and biofeedback were recommended to help the injured worker cope with her pain and injury, as well as to reduce pain. Xanax and Neurontin were noted to be added to help control her severe pain. An increased dose of Dilaudid was noted to control her severe pain which had increased due to an increase in her

activity. A specific rationale for Flexeril was not provided. The request for authorization form was not submitted for review.

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

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

**Acupuncture x 16 sessions:** Upheld

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

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

**Decision rationale:** According to the California MTUS Acupuncture Guidelines, this treatment may be used as an option when pain medication is reduced or not tolerated, when used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. When indicated, acupuncture may be supported up to 6 treatments for an initial trial, followed by additional treatments for up to 2 months if functional improvement is documented following the trial. The injured worker was noted to be status post lumbar thoracolumbar revision fusion and she reported increased pain due to an increase in her activity level at her visit on 04/30/2014. She was given medication refills, as well as an increase in her Dilaudid in order to manage her increase in pain and acupuncture treatment was also recommended to prevent further increases in her pain level and avoid additional surgery. Based on her significant pain level, her postsurgical status, and significant history, a trial of acupuncture treatment would be appropriate. However, the request for 16 sessions exceeds the guideline's recommendation for an initial trial of no more than 6 visits prior to continuing with treatment. Consequently, the request is not medically necessary.

**CBT w pain psychologist x 8 and Biofeedback x 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy for Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Biofeedback Page(s): 23, 24-25.

**Decision rationale:** According to the California MTUS Guidelines, cognitive behavioral therapy for chronic pain may be recommended for patients with risk factors for delayed recovery, including fear avoidance beliefs. Treatment for these at risk patients should include physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Additionally, a psychotherapy cognitive behavioral referral may be indicated after 4 weeks if there is a lack of progress from physical medicine alone. When indicated, an initial trial should include 3 to 4 psychotherapy visits over 2 weeks, with a total of up to 6 to 10 visits being indicated with evidence of objective functional improvement following the trial. Additionally, the guidelines state that biofeedback may be recommended as an option with cognitive

behavioral therapy to facilitate exercise therapy and return to activity. The injured worker was noted to have significant pain and situational depression and anxiety related to her complex condition and chronic pain syndrome. Cognitive behavioral therapy with a pain psychologist and biofeedback was recommended to help the patient cope with her pain and reduce her pain using biofeedback tools. Based on this information, a trial of cognitive behavioral therapy and biofeedback for chronic pain would be appropriate. However, the request for 8 visits of cognitive behavioral therapy and biofeedback exceeds the guideline's recommendation for an initial trial of 3 to 4 visits. Consequently, the request is not medically necessary.

**Xanax 1 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to the California MTUS Guidelines, benzodiazepines are not recommended for chronic use because long term efficacy is unproven and there is risk of dependence and adverse effects. The guidelines specify that you should be limited to 4 weeks only. The clinical information submitted for review indicated that the injured worker had chronic pain and an increase in her pain due to an increase in her activity level. Therefore, Neurontin and Xanax were added to her medication regimen to address her increase in pain. However, details regarding her prescription for Xanax were not specifically stated, including the goals and indications for use, as well as whether this medication would only be used for short term. In addition, she was noted to be taking Flexeril, a muscle relaxant, and a clear rationale is needed for the addition of a benzodiazepine. In addition, the guidelines state that benzodiazepines are not recommended for muscle spasm due to rapid development of tolerance and dependence. Therefore, clarification is needed regarding whether this medication was being recommended for the treatment of spasm in addition to her Flexeril. In summary, in absence of further documentation regarding the prescription for Xanax, including a plan for use and the specific indication, the request is not supported. In addition, the submitted request failed to include a frequency. Consequently, the request is not medically necessary.

**Dilaudid4MG 4 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS chronic pain guidelines, the ongoing use of opioid medications requires detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The injured worker was noted to have been taking Dilaudid since 01/02/2014. At her 04/30/2014, it was noted that her dose was would be

increased to Dilaudid 4 mg 3 times per day due to an increase in her pain level. However, sufficient documentation was not provided showing pain relief evidenced by numeric pain scales with and without medication, an increase in function, whether there were adverse effects, and whether she had shown any aberrant behavior. In addition, the documentation did not include a urine drug screen showing consistent results. In the absence of this detailed documentation required by the guidelines for the ongoing use of opioid medications, the request is not supported. In addition, the submitted request failed to include a frequency.

**Flexeril MG #90:** 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): 64.

**Decision rationale:** According to the California MTUS Guidelines, cyclobenzaprine may be supported in the treatment of pain and muscle spasm for a short course of therapy. However, the guidelines specify that use for chronic conditions is not recommended and treatment should be limited to no more than 2 to 3 weeks. The injured worker was noted to have been taking Flexeril since at least 03/17/2014. However, significant documentation showing positive outcomes in terms of pain relief and function were not provided. Based on this and as the injured worker has exceeded the 2 to 3 week's recommendation for use of cyclobenzaprine, continued use is not supported. In addition, the request, as submitted, did not include a dose or frequency. For these reasons, the request is not medically necessary.

**Neurontin 60mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** According to the California MTUS Guidelines, gabapentin has been shown to be effective for the treatment of neuropathic pain and is considered a first-line medication for this condition. The guidelines further state that continued use of gabapentin should depend on documentation showing pain relief and improved function. The clinical information submitted for review indicated that the injured worker reported an increase in her pain due to an increased activity level. Therefore, it was noted that Neurontin was added to her medication regimen. As this medication is supported as a first-line agent for neuropathic pain, the addition of Neurontin would be appropriate. However, the submitted request failed to indicate a frequency. Consequently, the request is not medically necessary.