

<b>Case Number:</b>	CM13-0003080		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	01/12/1990
<b>Decision Date:</b>	01/19/2015	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 65-year-old man who sustained a work-related injury on January 12, 1990. Subsequently, he developed chronic low back pain. Prior treatments included: physical therapy, chiropractic treatment, fusion on the L4-S1 in 1995 and a revision in 1997, RFA right L2-3 and L3-4 on June 4, 2014 with relief, MBB right L2-3 and L3-4 on January 15, 2014, and trigger point injections on September 24, 2014. EMG of the bilateral extremities performed on October 30, 2012 documented evidence of distal symmetrical polyneuropathy affecting the bilateral lower extremities. MRI of the lumbar spine dated December 2, 2012 showed: dextroscoliosis with postoperative changes and clumping of nerve roots suggesting arachnoiditis; minimal grade 1 anterolisthesis was seen at L2-3; neural foraminal narrowing included L1-2 mild bilateral, L2-3 moderate bilateral, L3-4 moderate bilateral neural foraminal narrowing; canal stenosis included L3-4 moderate canal stenosis; dextroscoliosis was seen with postoperative changes and paraspinous muscle edema. According to a medical report dated November 12, 2014, the patient complained of constant soreness and aching pain, left greater than right. He had occasional pain, numbness, tingling, and weakness down his bilateral lower extremities, strongest at his feet. He reported increased pain localized to his low back with sitting for long periods of time without a change in position. The patient rated his pain as a 6/10 on average. Upon examination, the patient had normal gait; B/L paraspinals L3-S1, left greater than right, with noted twitch response; tenderness to palpation areas: left paraspinals L2-S1 with noted twitch response; range of motion of the lumbar spine limited with extension, left greater than right; Faber, Gaenslen's, and Waddell's were negative bilaterally. The patient was diagnosed with lumbar facet arthropathy, chronic back pain status post lumbar fusion, lumbar myofascial strain, peripheral polyneuropathy, lumbago, and lumbar stenosis. UDS report from October 2, 2013 was consistent. CURES report from November 12, 2014 was consistent with medications prescribed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with Tizanidine for at least more than 4 months, which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication. Therefore, the request for Tizanidine 4mg #45 is not medically necessary.

**Aquatic therapy 2 x a week for 6 weeks for strengthening and conditioning of low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** According to MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. There no clear evidence that the patient is obese or have difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. There is no documentation for a clear benefit expected from Aquatic therapy. Therefore the prescription of aquatic therapy is not medically necessary.

**Medial branch block L1-L2, L2-L3, L3-L4 right side:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According MTUS guidelines, Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. According to ODG, facets injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial. Furthermore and according to ODG, Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection. The ODG did not support facet injection for lumbar pain in this clinical context. There is no documentation of facet mediated pain or that facets are the main pain generator. There is no documentation of failure of conservative therapies in this patient. Therefore, the request for Medial branch block L1-L2, L2-L3, L3-L4 right side is not medically necessary.

**MS Contin 30mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. Therefore, the request for 1 prescription of MS Contin 30mg #30 is not medically necessary.

**MS Contin 60mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. Therefore, the request for 1 prescription of MS Contin 60mg #60 is not medically necessary.

**Lyrica 150mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

**Decision rationale:** According to MTUS guidelines, Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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. There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. In addition, there is no clear proven efficacy of Lyrica for back pain. Therefore, Lyrica 150mg, #90 is not medically necessary.

**Cymbalta 60mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 15-16.

**Decision rationale:** Cymbalta is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no high quality evidence to support its use for lumbar radiculopathy. There is no clear evidence that the patient have diabetic neuropathy. A prolonged use of Cymbalta in this patient cannot be warranted without continuous monitoring of its efficacy, the drug was used off label. Therefore, the request for Cymbalta 60mg #60 is not medically necessary.

**Zanaflex 4mg # 45: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain, does not have clear exacerbation of back pain, and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, the request for Zanaflex 4mg is not medically necessary.

**Chiropractic physiotherapy 2 x a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** According to MTUS guidelines, Manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate. Based on the above, continuous chiropractic treatment is not recommended without periodic documentation of its efficacy. There is no documentation of the efficacy of previous chiropractic sessions. Therefore, the request for Chiropractic physiotherapy 2 x a week for 4 weeks is not medically necessary.

**Follow up in four weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. There is no documentation that the patient response to physical therapy and pain medications is outside the established norms for recovery from the work related neck injury. Furthermore, the provider reported did not document lack of pain and functional improvement that require referral a follow up visit. The requesting physician did not provide a documentation supporting the medical necessity for a follow up evaluation. The documentation did not include the reasons, the specific goals and end point for using the expertise of a specialist for the patient pain. Therefore the request for Follow up visit is not medically necessary.