

<b>Case Number:</b>	CM14-0192132		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 59-year-old male with an injury date of 10/01/2013. Based on the 03/26/2014 progress report, the patient complains of having neck and low back pain. He has pain across his neck, lower back, and left leg. He describes the pain as being aching, sharp, throbbing, pressure, and burning in nature. The pain is present 75% of the time and he rates it as a 5/10. He also has numbness in his left foot that is associated with pins and needle sensation. The patient also has cervical and lumbar pain. The 10/12/2013 MRI of the lumbosacral spine revealed that there is a degenerative disk bulging at the L5-S1 disk level with hypertrophic changes and Modic changes involving L5 and S1, L4-L5 disk level demonstrating disk bulge and hypertrophic changes without significant impingement on the neural elements. The patient's diagnoses include the following: 1. Degeneration of lumbar or lumbosacral intervertebral disks. 2. Thoracic or lumbosacral neuritis or radiculitis. The utilization review determination being challenged is dated 10/15/2014. There is 1 treatment report provided from 03/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 sessions of Physical Therapy/Aquatherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy; physical medicine Page(s): 22; 98-99.

**Decision rationale:** According to the 03/26/2014 progress report, the patient presents with neck pain, low back pain, and left leg pain. The request is for 2 sessions of physical therapy/aqua therapy. The report with the request was not provided. MTUS page 98 through 99 have the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. MTUS Guidelines page 22, Chronic Pain Medical Treatment 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 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 may be required to preserve most of these gains." The reason for this request was not provided. The 03/26/2014 report states the patient is to "start physical therapy." However, review of the reports do not provide any physical therapy notes, there is no date indicated of when this patient had physical therapy, or how many sessions of therapy they had. There is no discussion provided regarding the impact physical therapy had on the patient's pain and function. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as a medical necessity. The requested physical therapy/aqua therapy is not medically necessary.

**Butrans 15mcg/hr #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine (Butrans).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78; 88-89.

**Decision rationale:** According to the 03/26/2014 progress report, the patient presents with neck pain, low back pain, and left leg pain. The request is for Butrans 15 Mcg/Hr #3. The report with the request was not provided and the one report provided does not discuss the patient's pain and function in regards to Butrans. For chronic opiate use in general, MTUS Guidelines page 88 and 89 states, "patient should be assessed at each visit and functioning should be measured at 6-month intervals using the numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. For Buprenorphine, MTUS page 26-27 specifically recommends it for treatment of opiate

addiction and also for chronic pain. In this case, none of the 4 A's were addressed as required by MTUS. The provider fails to provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There are no opiate management issues discussed such as CURES report, pain contracts, et cetera. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. There is no discussion as to why this medication is prescribed either with no documentation for opiate addiction. The requested BuTrans is not medically necessary.

#### **Trigger Point Injections under Ultrasound Guidance (4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Online Official Disability Guidelines (ODG) [http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm), Trigger point injections

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

**Decision rationale:** According to the 03/26/2014 progress report, the patient presents with neck pain, low back pain, and left leg pain. The request is for trigger point injections under ultrasound guidance (4). The report with the request was not provided. MTUS guidelines page 122, state that "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 all of the following criteria are met: (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; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." Review of the reports does not show any prior trigger point injections the patient may have had. The patient complains of pain in his neck, low back, and left leg. There are no documented circumscribed trigger points with evidence upon palpation of a twitch response, as required by MTUS guidelines. There was only one report provided from 03/26/14 and it is unknown if the patient currently has chronic back pain, as there are no recent reports provided. There is no indication that the patient has failed physical therapy, NSAIDs, and muscle relaxants. The request does not meet guideline criteria. Therefore, the requested trigger point injections are not medically necessary.

#### **Ergonomic Workstation Evaluation: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6-11.

**Decision rationale:** According to the 03/26/2014 progress report, the patient presents with neck pain, low back pain, and left leg pain. The request is for an ergonomic workstation evaluation. The rationale is that "the claimant's symptoms seem much greater than what a workstation can cause." The ACOEM Practice Guidelines, 2nd edition (2004), chapter 1, pages 6-11 states, "The clinician may recommend work and activity modification or ergonomic redesign of the workplace to facilitate recovery and prevent recurrence." In this case, ACOEM Guidelines support ergonomic evaluations for the workplace to accommodate ergonomic changes to hasten the employee's return to full activity. The requested ergonomic work status evaluation is medically necessary.

**Simethicone 125mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com supports Simethicone

**Decision rationale:** According to the 03/26/2014 progress report, the patient presents with neck pain, low back pain, and left leg pain. The request is for Simethicone 125mg #120. The report with the request was not provided. Simethicone is an anti-flatulent. It works by breaking up gas bubbles, which makes gas easier to eliminate. Drugs.com states indication for use is "Relief of painful symptoms and pressure of excess gas in digestive tract; adjunct in treatment of many conditions in which gas retention may be problem, such as postoperative gaseous distention and pain, endoscopic examination, air swallowing, functional dyspepsia, peptic ulcer, spastic or irritable colon, diverticulosis." The reason for the request was not provided. Per 03/26/14, the patient has been diagnosed with degeneration of lumbar or lumbosacral intervertebral disks and thoracic or lumbosacral neuritis or radiculitis. In this case, the patient does not present with "postoperative gaseous distention and pain, endoscopic examination, air swallowing, functional dyspepsia, peptic ulcer, spastic or irritable colon, [or] diverticulosis," as indicated by drugs.com. Drugs.com supports Simethicone for irritable colon, for which this patient has not been diagnosed with. The request does not appear reasonable. Therefore, the requested Simethicone is not medically necessary.