

<b>Case Number:</b>	CM15-0102122		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	05/18/2009
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old female, who sustained an industrial injury on 05/18/2009. According to a progress reported dated 04/21/2015, the injured worker had low back and left leg pain. Eight chiropractic sessions were completed and had been helpful. She took less medication while receiving chiropractic care. Medications included Tramadol and Aleve and occasionally Percocet. She walked twice a day. Average pain rating was 4 on a scale of 1-10. Symptoms since last visit were worse. Diagnoses included cervical disc displacement/radiculopathy, cervicobrachial syndrome, cervical spondylosis, cervical spinal stenosis, postlaminectomy syndrome cervical, cervical disc degeneration, headache, myalgia and myositis and long term med use not elsewhere classified. Medications prescribed included Gabapentin, Lidoderm patch and Tramadol. The provider requested authorization for 8 sessions of chiropractic care. According to a Worker's compensation consultation dated 05/04/2015, the injured worker had complaints of low back pain and left lateral thigh pain. She complained of constant aching and/or sharp low back pain which episodically radiated to the left lateral thigh. Pain was worse with bending, lifting and sitting. Pain was improved with walking, heat or ice or medications. Medications included Flexeril, Aleve, Neurontin, Tramadol and Percocet. She underwent an anterior cervical discectomy and fusion from C4 to C7 with plating on 10/04/2010. She had no improvement with massage and chiropractic care. Diagnoses included L3-4 and L5- S1 degenerative disk disease, chronic low back pain syndrome and musculoskeletal deconditioned syndrome. The injured worker was not a candidate for surgical intervention. The provider noted that she would benefit from a back school self-management program for her

chronic low back pain. To treat her musculoskeletal deconditioned syndrome, the provider noted that she would benefit from a daily nonimpact-loading aerobic exercise program such as lap swimming, aqua kinetics, yoga, Pilates or a self-directed gym program. Mild anti-inflammatory and/or analgesic medications on an as needed basis were noted as appropriate. There was no indication for passive physical therapy modalities, spinal manipulation or mobilization, drug therapy in excess of the above recommendations or surgery. She had long ago reached maximal medical improvement. Currently under review is the request for 8 chiropractic sessions for the cervical and thoracic spine, Gabapentin, Tramadol and Lidoderm patches.

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

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

#### **Chiropractic cervical, thoracic spine 8 (2x4) sessions: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

**Decision rationale:** The patient presents with low back and left leg pain. The request is for chiropractic cervical thoracic spine 8 (2 x 4) sessions. Patient's diagnosis, per 04/21/15 progress report include cervical disc displacement/radic, cervicobrachial syndrome, cervical spondylosis, cervical spinal stenosis, post laminectomy synd cerv, cervical disc degeneration, headache, myalgia and myositis, and long-term med use nec. Per 02/24/15 progress report, patient's medications include Flexeril, Aleve, Percocet, Gabapentin, Lidoderm 5% Patch, and Tramadol. Patient's work status is modified duties. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In progress report dated 02/24/15, treater states that the patient has had 8 sessions of chiropractic treatments which have been very helpful and that the patient takes less medication while in chiropractic. With evidence of objective improvement, MTUS allows up to 18 sessions over 6 to 8 weeks. In this case, the patient appears to have benefited from prior chiropractic care. Given the patient's condition, additional 8 sessions of chiropractic treatments appear to be reasonable and therefore, the request IS medically necessary.

#### **Gabapentin 300mg #60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 18.

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

**Decision rationale:** The patient presents with low back and left leg pain. The request is for Gabapentin 300 mg #60 with 1 refill. Patient's diagnosis, per 04/21/15 progress report include cervical disc displacemen/radic, cervicobrachial syndrome, cervical spondylosis, cervical spinal stenosis, post laminectomy synd cerv, cervical disc degeneration, headache, myalgia and myositis, and long-term med use nec. Per 02/24/15 progress report, patient's medications include Flexeril, Aleve, Percocet, Gabapentin, Lidoderm 5% Patch, and Tramadol. Patient's work status is modified duties. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not discussed reason for the request. In review of the medical records provided, Gabapentin was prescribed from 11/04/14 and 04/21/15. In this case, the treater has not discussed how this medication significantly reduces patient's pain and helps with activities of daily living. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The request does not meet all the criteria listed by MTUS; therefore, it IS NOT medically necessary.

**Tramadol 50mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

**Decision rationale:** The patient presents with low back and left leg pain. The request is for Tramadol 50 mg #60 with 1 refill. Patient's diagnosis, per 04/21/15 progress report include cervical disc displacemen/radic, cervicobrachial syndrome, cervical spondylosis, cervical spinal stenosis, post laminectomy synd cerv, cervical disc degeneration, headache, myalgia and myositis, and long-term med use nec. Per 02/24/15 progress report, patient's medications include Flexeril, Aleve, Percocet, Gabapentin, Lidoderm 5% Patch, and Tramadol. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Patient has received prescriptions for Tramadol from 11/04/14 and 04/21/15. In this case, treater has not discussed how Tramadol decreases pain and significantly improves patient's activities of daily living. There are no UDS's, no opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific adverse effects, abarrant behavior, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Lidoderm 5% 700mg patch #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The patient presents with low back and left leg pain. The request is for Lidoderm 5% 700 mg patch #30 with 1 refill. Patient's diagnosis, per 04/21/15 progress report include cervical disc displacemen/radic, cervicobrachial syndrome, cervical spondylosis, cervical spinal stenosis, post laminectomy synd cerv, cervical disc degeneration, headache, myalgia and myositis, and long-term med use nec. Per 02/24/15 progress reprot, patient's medications include Flexeril, Aleve, Percocet, Gabapentin, Lidoderm 5% Patch, and Tramadol. Patient's work status is modified duties.MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermalpatch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain." When reading ODG guidelines, it specifies that Lidocaine patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The treater does not discuss this request. Patient has received prescriptions for Lidoderm Patch from 12/11/14 and 05/28/15. However, the treater has not discussed how this medication specifically helps in pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, the patient does not present with localized, peripheral neuropathic pain for which this medication is indicated. The request does not meet guideline recommendations and therefore, it IS NOT medically necessary.