

<b>Case Number:</b>	CM15-0133536		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	03/23/2000
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 03/23/2000. Current diagnoses include cervical post laminectomy, cervical radiculopathy, lumbar post laminectomy syndrome, lumbar radiculopathy, status post fusion-lumbar spine, osteoarthritis of the left ankle and bilateral knee, anxiety, depression, medication related dyspepsia, vitamin D deficiency, and status post gastric bypass. Previous treatments included medications, caudal epidural steroid injection, surgical intervention, TENS unit, and home exercise program. Previous diagnostic studies include urine toxicology screening. Report dated 06-11-2015 noted that the injured worker presented with complaints that included neck pain that radiates down the bilateral upper extremity, low back pain down the bilateral lower extremity. Pain level was 5 (with medications) and 10 (without medications) out of 10 on a visual analog scale (VAS). The injured worker stated that pain is worse since last visit. Physical examination was positive for lumbar spasms at L4-S1, tenderness to palpation, range of motion was moderately limited in the lumbar spine due to pain, decreased sensation at the L4-5 dermatomes in the right lower extremity, decreased strength in the right lower extremity, tenderness to palpation at the right anterior shoulder and right posterior shoulder, and right shoulder range of motion was decreased due to pain. The treatment plan included an injection of Toradol and B12, requests for aqua therapy, TENS unit replacement pads, continue home exercise program, recommend weight loss program, urine drug screening was collected, request to renew current medications, and follow up in month. Disputed treatments include TENS Unit replacement pads with batteries, urine drug screen, aqua therapy sessions, Colace 100mg #90, Vitamin D 2000 units #200, Capsaicin 0.0254% cream #60, Cyclobenzaprine 7.5mg #30, Percocet 7.5/325mg #30, and Gabapentin 600mg #60.

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

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

### **TENS Unit replacement pads with batteries: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

**Decision rationale:** Per the MTUS, transcutaneous electrotherapy is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The MTUS criteria for the use of TENS: Chronic intractable pain, documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A review of the injured workers medical records reveal documentation of measurable benefit with the use of the TENS unit, the continued use is appropriate; therefore the request for 2 TENS Unit replacement pads with batteries is medically necessary.

### **Urine Drug Screen: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, and Urine Drug Testing Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, On-going management of opioids, differentiation, dependence & addiction, Opioids screening for risk of addiction (tests) & opioids, steps to avoid misuse/addiction Page(s): 43, 78, 85-86, 90-91, 94-95.

**Decision rationale:** Per the MTUS, drug testing is "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, during ongoing management and to avoid misuse/ addiction." The injured worker is currently on opioids and the use of a urine drug test is appropriate and medically necessary.

### **Aqua therapy sessions: 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:** The California MTUS chronic pain medical treatment guidelines provide specific guidelines for aquatic therapy, "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 especially recommended where reduced weight bearing is desirable, for example extreme obesity." The physician noted that the injured worker has had an increase in pain since the last visit, has a surgical history of lumbar fusion and gastric bypass, and is obese. Which guidelines do support aquatic therapy for obesity. Unfortunately, the requesting physician did not include the number of sessions. All requests for any type of therapy should include the number of visits requested, and at the end of those visits efficacy needs to be evaluated. Therefore, the request for aquatic therapy is not medically necessary.

**Colace 100mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids initiating therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Opioid induced constipation.

**Decision rationale:** According to the California MTUS and Official Disability Guidelines (ODG), if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, with non-approval of opioid use, the medical necessity of ducosate sodium is not established. The request for Colace 100mg #90 is not medically necessary.

**Vitamin D 2000 units #200:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, and Vitamin D section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), and Vitamin D.

**Decision rationale:** The MTUS is silent regarding vitamin D. The Official Disability Guidelines (ODG) do not recommend for the treatment of chronic pain based on recent research below. Although it is not recommended as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. Adjusting for these factors attenuated the relationship, although pain remained moderately associated with increased odds of 20% of having low vitamin D levels. Inadequate vitamin D may represent an under-recognized source of nociperception and impaired neuromuscular functioning among patients with chronic pain. Physicians who care for

patients with chronic, diffuse pain that seems musculoskeletal - and involves many areas of tenderness to palpation - should consider checking vitamin D level. Since guidelines do not recommend, the medication is not medically necessary. Therefore, the request for Vitamin D 2000 units #200 is not medically necessary.

**Capsaicin 0.0254% cream #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical analgesics Page(s): 27-28, 111-113.

**Decision rationale:** Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. The treating physician's request did not include the site of application, or directions for use. As such, the prescription is not sufficient and not medically necessary. The physician did not include any medications that have been tried and failed. Therefore, the request for Capsaicin 0.0254% cream #60 is not medically necessary.

**Cyclobenzaprine 7.5mg #30: 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): 63-65.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Flexeril is not recommended to be used for longer than 2-3 weeks." Documentation provided supports that the injured worker has been prescribed Cyclobenzaprine (Flexeril) for greater than a 2-3 week period, there is no documentation submitted to support improvement in reducing pain, reducing muscle spasms, or increasing function with the use of this medication. Therefore, the request for Cyclobenzaprine 7.5mg #30 is not medically necessary.

**Percocet 7.5/325mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids, when to continue opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

**Decision rationale:** According to the California MTUS chronic pain, medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." The CA MTUS

Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The medical records submitted for review does not include the above-recommended documentation. There were no functional improvements noted with the use of the medications. In addition, the request does not include dosing frequency or duration. Therefore, the request for Percocet 7.5/325mg #30 is not medically necessary.

**Gabapentin 600mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin Page(s): 16-19.

**Decision rationale:** According to the California MTUS chronic pain, medical treatment guidelines recommend specific guidelines for the use of Gabapentin. "Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered the first line treatment for neuropathic pain." In this case, the patient has chronic low back pain with radiculopathy and loss of sensation in the right lower extremity along the L4-5 dermatome. Gabapentin is considered a first-line treatment for neuropathic pain in this patient with documented neuropathic pain. Medical necessity for this requested medication has been established. The request for Gabapentin 600mg #60 is medically necessary.