

<b>Case Number:</b>	CM15-0163541		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	09/05/2002
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 57 year old female, who sustained an industrial injury on 9-5-02. She has reported initial complaints of neck, back and right upper extremity injuries. The diagnoses have included chronic pain syndrome, lumbosacral spondylosis without myelopathy, and cervical spondylosis without myelopathy, lumbago, cervicgia and pain in joint of shoulder region. Treatment to date has included medications, rest, heat, ice, massage, physical therapy, chiropractic, sacroiliac joint injections, lumbar epidural steroid injection (ESI), surgery, cervical facet joint injections and other modalities. Currently, as per the physician Pin management progress note dated 6-24-15, the injured worker complains of low back pain, pain in the right shoulder, left knee pain, groin pain and pain that radiates to the right buttocks and down the right leg. The pain is rated 6 out of 10 on the pain scale. It is noted that she reports that her sleep is worse and functionality is worse. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical and lumbar spine. The current pain medications included Ultracet, Baclofen, and Flector patch. The objective findings-physical exam of the spine reveals that there is mild increased thoracic kyphotic curvature, positive straight leg raise bilaterally for radicular pain, for low back pain approximately 60 degrees. There is diffuse facet tenderness in the bilateral lumbar area. The facet loading test is positive bilaterally. The lumbar spine extension is restricted and painful and she is able to flex forward to touch her knees. There is no previous therapy sessions noted. The physician requested treatment included Chiropractic 6 Sessions Neck and Low Back, Baclofen 10mg #90 with 3 refills, Flector Patch 1.3% #60 with 3 refills, and Tramadol-Acetaminophen 37.5-325mg #120 with 3 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Chiropractic 6 Sessions Neck, Low Back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The patient presents with lower back pain, pain in right shoulder, left knee pain, groin pain, and pain radiating to the right buttocks and down the right leg. The request is for CHIROPRACTIC 6 SESSIONS NECK, LOW BACK. The request for authorization is dated 06/24/15. The patient is status post right shoulder surgery, 03/08/06. Physical examination of the spine reveals straight leg raise positive bilaterally. Facet loading test positive bilaterally. Spine extension is restricted and painful on the right. Patients past treatments include medications, physical therapy, chiropractic, massage therapy, epidural steroid injections, sacroiliac joint injections, and cervical facet joint injections. She has stopped using her Cymbalta, but continues with the use of Ultracet, Baclofen, and Flector Patches. She reports that overall her medications helped to decrease her pain by 30%, and she denies any ill side effects from them. Per progress report dated 06/24/15, the patient is permanent and stationary. MTUS Manual therapy and Manipulation section, pages 58-59, 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. Treater does not discuss the request. Given the patient's current condition and symptoms, sessions of Chiropractic appear reasonable. In this case, the treater does not clearly specify if the request for Chiropractic is for a trial, or maintenance. Per progress report dated 06/24/15, patient's past treatments include Chiropractic; it appears the request is for maintenance. For maintenance, MTUS allows Chiropractic treatment for patients that are working, 1-2 sessions every 4 months. However, none of the relevant information is provided for review. Furthermore, the request for 6 Chiropractic sessions for maintenance would exceed what is recommended by MTUS guidelines. Therefore, the request IS NOT medically necessary.

### **Baclofen 10mg #90 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The patient presents with lower back pain, pain in right shoulder, left knee pain, groin pain, and pain radiating to the right buttocks and down the right leg. The request is

for BACLOFEN 10MG #90 WITH 3 REFILLS. The request for authorization is dated 06/24/15. The patient is status post right shoulder surgery, 03/08/06. Physical examination of the spine reveals straight leg raise positive bilaterally. Facet loading test positive bilaterally. Spine extension is restricted and painful on the right. Patients past treatments include medications, physical therapy, chiropractic, massage therapy, epidural steroid injections, sacroiliac joint injections, and cervical facet joint injections. She has stopped using her Cymbalta, but continues with the use of Ultracet, Baclofen, and Flector Patches. She reports that overall her medications helped to decrease her pain by 30%, and she denies any ill side effects from them. Per progress report dated 06/24/15, the patient is permanent and stationary. MTUS, Muscle relaxants for pain Section, page 63 states, Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs and pain and overall improvement. Also, there is no additional benefit shown in combination with the NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene, and baclofen. Treater does not specifically discuss this medication. Patient has been prescribed Baclofen since at least 04/09/15. Per MTUS, duration of use should be short-term (no more than 2-3 weeks). In this case, requested medication is listed as one with the least published evidence of clinical effectiveness. Additionally, the request for additional Baclofen #90 with 3 Refills does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

**Flector Patch 1.3% #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Under Flector patch (diclofenac epolamine).

**Decision rationale:** The patient presents with lower back pain, pain in right shoulder, left knee pain, groin pain, and pain radiating to the right buttocks and down the right leg. The request is for FLECTOR PATCH 1.3% #60 WITH 3 REFILLS. The request for authorization is dated 06/24/15. The patient is status post right shoulder surgery, 03/08/06. Physical examination of the spine reveals straight leg raise positive bilaterally. Facet loading test positive bilaterally. Spine extension is restricted and painful on the right. Patients past treatments include medications, physical therapy, chiropractic, massage therapy, epidural steroid injections, sacroiliac joint injections, and cervical facet joint injections. She has stopped using her Cymbalta, but continues with the use of Ultracet, Baclofen, and Flector Patches. She reports that overall her medications helped to decrease her pain by 30%, and she denies any ill side effects from them. Per progress report dated 06/24/15, the patient is permanent and stationary. Regarding topical NSAIDs, MTUS, Topical Analgesics Section, pg 111-113 states, Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that

are amenable to topical treatment: Recommended for short-term use (4-12 weeks). ODG Guidelines, Pain Chapter; under Flector patch (diclofenac epolamine) Section states, These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks. Treater does not specifically discuss this medication. Patient has been prescribed Flector Patches since at least 04/09/15. In this case, treater does not discuss or document the patient with peripheral joint arthritis/tendinitis, for which a topical NSAID would be indicated. Additionally, ODG guidelines do not support the use of Flector beyond two weeks. The request for Flector Patch #60 with 3 Refills would exceed what is recommended by ODG and does not meet guidelines indication. Therefore, the request IS NOT medically necessary.

**Tramadol-Acetaminophen 37.5-325mg #120 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 7/15/15), Online Version, opioids specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents with lower back pain, pain in right shoulder, left knee pain, groin pain, and pain radiating to the right buttocks and down the right leg. The request is for TRAMADOL-ACETAMINOPHEN 37.5-325MG #120 WITH 3 REFILLS. The request for authorization is dated 06/24/15. The patient is status post right shoulder surgery, 03/08/06. Physical examination of the spine reveals straight leg raise positive bilaterally. Facet loading test positive bilaterally. Spine extension is restricted and painful on the right. Patients past treatments include medications, physical therapy, chiropractic, massage therapy, epidural steroid injections, sacroiliac joint injections, and cervical facet joint injections. She has stopped using her Cymbalta, but continues with the use of Ultracet, Baclofen, and Flector Patches. She reports that overall her medications helped to decrease her pain by 30%, and she denies any ill side effects from them. Per progress report dated 06/24/15, the patient is permanent and stationary. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page113 regarding 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.

Treater does not specifically discuss this medication. Patient has been prescribed Tramadol-Acetaminophen since at least 04/09/15. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Tramadol-Acetaminophen significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Tramadol-Acetaminophen. No validated instrument is used to show functional improvement. There is documentation regarding side effects and aberrant drug behavior. No UDS, CURES or opioid pain contract were provided for review. In this case, the treater has discussed or documented some but not all of the 4A's as required by MTUS guidelines. Therefore, the request IS NOT medically necessary.